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ABSTRACT

Based on a review of day nursery programs for children and families with special needs, this background paper describes the way in which the day nursery system, in Ontario and elsewhere, serves such children and families. The review covered: (1) literature and government legislation and policies related to day nursery services for special needs children and families; and (2) a sample of day nursery programs and specialized resources for the special needs population. Background information in part 1 includes methodology and is followed by sections that present the information gathered through the reviews. Part 2 discusses the literature, Ontario legislation, and policies. Part 3 reports information collected through the review of integrated day nursery programs. Part 4 describes the results of the review of specialist and support services available to the day nursery system. While parts 2, 3, and 4 may stand on their own, they also establish a knowledge base and a set of relationships that lead to the final section. Part 5 integrates the information previously presented into a discussion of a set of issues and conclusions relevant to improving the delivery of child care services to children and families with special needs. Appendices provide a glossary of terms and lists of the programs, services, and staff members surveyed. (RH)

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Integrating Children Experiencing Special Needs in Day Nurseries

A Background Report

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January 1988

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INTEGRATING CHILDREN EXPERIENCING SPECIAL NEEDS IN DAY NURSERIES: A BACKGROUND REPORT

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PREFACE

Three years ago the Ministry of Community and Social Services (MCSS) undertook a review of day nursery programs for children and families experiencing special needs. The decision for the review was based on a sense from the community, as well as Ministry field staff, that a variety of operational and policy issues required resolution and that the Ministry should begin to address special needs children in the child care system.

The overall intent of this paper is to describe how the day nursery system, in Ontario and elsewhere, is serving children and families experiencing special needs. Much of the discussion reflects the perceptions of the service providers who participated in this study. As a working document for the field, this paper is meant to provide information, offer some new insights and, in a general sense, identify policy and operational issues that would benefit from further consideration. The paper does not address in any great detail the funding and resource implications of its conclusions. However, it is assumed that the impact on resources of any new policies or practices that develop in the future will have to be examined prior to their implementation.

To help establish parameters for the project, the target population had to be defined. It was agreed that the target population would include children experiencing special needs as well as their families. The definition of children and families experiencing special needs incorporated physically handicapped and mentally impaired children as well as children facing barriers to normal social, emotional communicational and behavioural development. In most cases the report makes a distinction between physically and mentally handicapped children and other special needs children, particularly when describing various components of the existing day care system.

The definition has a variety of limitations. While it served as a useful working definition, there has been no consensus for its use beyond the scope of this paper.

The project involved two major tasks. The first was to review existing literature as well as government legislation and policies related to day nursery services for children and families experiencing special needs. The second involved reviewing a sample of day nursery programs and specialized resources for this population.

Following the background section the report presents the information gathered through the reviews. The first involves a discussion of the literature, Ontario legislation and policies. The next part documents information collected through the review of integrated day nursery programs. A separate section then describes the results of the review of specialist and support services available to the day nursery system. While these three parts may stand on their own, they also establish a knowledge base and a set of relationships that lead to the final section. The last section integrates the information previously presented into a set of issues and conclusions relevant to improving the delivery of child care services to children and families experiencing special needs.

Since the information was collected for this paper, a variety of new activities, programs and approaches to serving children and families experiencing special needs have emerged. Individual communities have developed their own distinct responses to the needs of this population. Nevertheless, many policy and operational questions remain unresolved. While there are some policy areas of clear consensus, strategies for their operationalization are not always clear. Also, there continue to be policy issues that lack consensus altogether. For example, children experiencing special needs in the regular day nursery system is an area that has been specifically singled out as requiring further policy work to resolve how these children would be most appropriately served.

MCSS is committed to pursuing further policy work with regard to child care services for children and families experiencing special needs. This document provides background information that supports the need for such work. It also offers some preliminary direction with regard to those items that require resolution.

Prepared by: Coletta McGrath
Lynn Wylie

EXECUTIVE SUMMARY

Three years ago the Ministry of Community and Social Services (MCSS) undertook a review of day nursery programs for children and families experiencing special needs. Based on the information collected, this background paper was prepared.

Its overall intent is to describe how the day nursery system, in Ontario and elsewhere, is serving children and families experiencing special needs. Much of the discussion reflects the perceptions of the service providers who participated in this study. As a working document for the field, this paper is meant to provide information, offer some new insights and, in a general sense, identify policy and operational issues that would benefit from further consideration.

The paper has five parts including the References. Although the parts relate and build upon each other the information contained in each part can stand alone. For example the reader who is specifically interested in the integrated day nursery survey (Part III) will not find it necessary to read the total document.

PART I BACKGROUND INFORMATION

Information regarding children and families experiencing special needs and the services they receive from the day nursery system is limited in Ontario. To strengthen the information base this study addressed five areas of interest:

- defining children and families experiencing special needs
- issues related to integration
- the role of day nursery programs and staff
- the role of specialist and support services
- service coordination.

Four methods were used to collect information: consultation with a Working Group, a literature review, a program survey, and participation in a survey initiated by the Social Issues Committee of the Children's Aid Society of Metropolitan Toronto.

The Working Group, which consisted of representatives from MCSS, the academic community, municipalities, Social Service agencies, and other provincial ministries, helped establish parameters for the study. The group developed an operational definition of children and families experiencing special needs. The definition included children with physical disabilities and mental handicaps as well as children facing barriers to normal social, emotional, communicational and behavioral development.

In addition to the definition, the Working Group established a set of service delivery principles. Included to help guide future program development, the principles emphasize the maximum development of children, normalization, integration wherever possible, maximum parent involvement and support, resourcing day nursery school staff and ensuring coordinated service delivery.

The Working Group then proceeded to prepare a literature review and undertake the progam survey. Information obtained through the Social Issues Committee was incorporated into the study as appropriate.

PART II LITERATURE, LEGISLATION AND POLICY REVIEW

The literature review presents information on the identification and prevalence of children and families experiencing special needs. It also describes program approaches and Ontario perspectives regarding this population. The concept of integration and the role of day care staff and specialized resources in the child care system are discussed in greater detail.

Research indicates that it is possible to identify children experiencing special needs or at risk of not reaching optimal development. While the literature provides no consensus regarding the number of such children in the population, estimates tend to range between 12 and 16 percent.

Literature and research in Ontario have stimulated interest in children and families experiencing special needs and the potential role of the child care system vis a vis this population. Several Ontario studies have confirmed the effectiveness of preschool programs for children at risk. Surveys in a number of Ontario communities indicated that the child care system is already serving a significant number of special needs children, with beneficial results. Finally, various reports have documented the lack of resources devoted to enhancing intellectual and social development and detecting high risk children.

The literature on integrated day nursery programs tends to support the contention that children experiencing special needs are most effectively served in integrated settings. Information concerning the integration concept itself, and its implementation is extensive. There are many different definitions of integration and a variety of approaches to developing integrated programs. Each approach tends to reflect a specific developmental philosophy, the particular type of needs being experienced and the particular constraints of individual day nursery programs. Despite the variation some common themes and considerations emerge in regard to programming, staffing, parental roles, ratios, environment and equipment.

The last section of this part discusses Ontario legislation and policies related to children with special needs according to three features; financial support, integration and the roles of day nursery program staff and specialist and support services. Ontario legislation makes no specific reference to day nurseries funding for children and families experiencing special needs other than children with physical and developmental handicaps. Funding for these children is authorized primarily under the Day Nurseries Act. In addition, services to children with handicapping conditions and, on occasion, services for children with other special needs are provided through the Developmental Services Act, the Child Care Incentives Program under the Ministry Act, or the Child and Family Services Act.

The Ministry of Community and Social Services (MCSS) has, for some time now, accepted the principle of integration. Branch policies, public reports and area office initiatives provide evidence of a strong interest in promoting a day nursery system that can respond to the needs of children with handicapping conditions and children experiencing other special needs in as normal an environment as possible. Further, the Ministry of Education, through Bill 82, has sought to ensure that exceptional children have access to appropriate programming within the school system. Child and family intervention services (previously categorized as children's mental health services) are also increasing their efforts to provide support to children in their regular environment.

It should also be noted that a number of legislative and policy factors determine and influence the role of early childhood educators as well as specialist and support services. Standards in the Day Nurseries Act and level of program funding are two examples. Also significant is the gradual adaptation of a conceptual framework that emphasized the family as the focus for delivering children's services. Finally, the growing popularity of early identification and intervention procedures has influenced the role of day nursery staff vis-a-vis these functions.

PART III INTEGRATED DAY NURSERY SURVEY FINDINGS

The program survey included a sample number of municipalities that encompassed at least one community from each of the Ministry's four regions. It was hoped that this would assist in capturing the interrelationships and variances between the organizations serving children and families experiencing special needs.

Nineteen integrated programs providing services to children and families experiencing special needs were interviewed. Eight were "designated" integrated programs, 11 were "non-designated" integrated programs. Of the 1,371 children enrolled in these programs, 93 or 7% were identified as experiencing special needs other than physical or developmental handicaps. The total number of children with special needs, including children with handicapping conditions, was 169 or 12%. Thirty-two (19%) of the children experiencing special needs were described as multi-problem children.

These nineteen integrated day nursery programs also indicated that they were serving families experiencing special needs. Ninety-one (7%) of the families were described as experiencing special needs.

During the review integrated day nursery programs were asked several questions designed to identify aspects of their programs which they felt made them particularly effective.

All the programs emphasized the importance of staff attitude and staff involvement in preparing for integration and the availability of staff learning opportunities. Integrating Individual Program Plans (IPP's) into the regular programs, home visits, adopting a team approach, and a high ratio of adults to children were also among the characteristics most frequently cited.

All integrated programs in the survey indicated that specialist and support services play a particularly significant role in ensuring their program's effectiveness. Important characteristics included ongoing communication and cooperation with support services, access to support services that have a mandate to serve day nurseries and the availability of a service coordination function in the community.

When asked to identify the problems that they confront in delivering services to children with handicaps and children experiencing other special needs, the respondents identified issues according to three categories: problems within the day nursery programs, issues related to the day nursery system generally and problems outside the day nursery system.

Issues within day nursery programs ranged from skepticism amongst staff regarding the effectiveness of integrating children with handicapping conditions to lack of information and direction on the integration process. A number of respondents also pointed out that once they became a designated integrated program, the time they had to spend with children experiencing special needs other than physical or developmental disabilities, decreased considerably. Other issues included meeting the needs of a child who may require the full time attention of one staff member, transporation costs, sharing and obtaining information, lack of opportunities for staff training, non-paid overtime hours and lack of after school programs.

The integrated day nursery programs identified a number of issues that focus on the day nursery system generally. One primary concern is that there needs to be an understanding that children with handicapping conditions and children experiencing other special needs are part of a continuum. The continuum concept is important because it implies that the degree and kinds of services required by individual children, at any given time during their lives, will vary. A related concern is that while some funds are available for services for children with physical and developmental handicaps, it is difficult to obtain funds for children with other special needs. Further, because some municipalities have no purchase-of-service agreements, several programs suggested there is no subsidy available for children with handicapping conditions.

Among the issues that rest outside the day nursery system, integrated day nursery programs identified access to specialized resources, professional attitudes and liaison with other agencies. Travelling distance to services, waiting lists and the shortage of assessment services were of particular concern.

PART IV SPECIALIST AND SUPPORT SERVICES SURVEY FINDINGS

Nine specialized resources were included in this study because they were perceived to support, or to have the potential to support, the day nursery system in serving children with handicapping conditions and children experiencing other special needs. This paper discusses aspects of specialist and support services including their organizational characteristics and the specific nature of the services they offer. Specialist and support services also discussed the reasons for their effectiveness and the problems or issues that they encounter.

Despite their varied mandates, specialized resources identified a number of similar functions that included providing consultation, diagnosis and treatment, providing and promoting assessment services, training early childhood educators in early identification and management and acting as a resource for day nurseries. Indirect services including case coordination and advocacy may also be part of their responsibilities.

Specialized resources may also support families by helping them to establish a network of services or a support system in the community. Support services often make families aware of the day care system and its potential for alleviating family stress. In addition, they provide counselling and support in child development and parent education.

In a few cases specialized resources assume a mediator role between day nursery staff, parents and other services. They may also play a significant service coordination role on behalf of children, families and day nurseries.

When asked to identify factors that contributed to their effectiveness, many specialist and support services identified the community based nature of their program. For example, consultants and resource staff work with the children while they are in the nursery setting. A second important characteristic relates to the resource staff having an early childhood education background. Thirdly, affiliation with a more generic organization, such as public health, was believed to result in greater community acceptance. The ability to tap into a network of other support services in the community was also described as an important characteristic.

When specialist and support services were asked to identify specific problems or issues in providing services to children and families in the day nursery system, their responses fell into two categories, problems specific to specialized resources and problems related to the day nursery system.

One of the most frequently raised problems was having insufficient staff to handle caseloads. This resulted in waiting lists and exceptionally long hours for staff. Further, the pressure to deliver consultation and treatment services limits the time available to promote their program among day nurseries and offer training opportunities.

Resource staff in the northern and rural communities identified travel time and expenses as a particular concern. Other frequently identified problems included the shortage of integrated day nursery spaces to accommodate referrals, the unavailabilty of one to one workers in day nursery settings, and access to support services being dependent on a day nurseries affiliation to one community organization or another.

Most specialized resources indicated that day nurseries could play a broader role in delivering services to children and families experiencing special needs. Unfortunately, resistance to serving this population continues as a result of day nursery staff's perception that they lack skills to serve children with special needs, low wages and minimal recognition by some other professionals.

PART V: ISSUES AND HIGHLIGHTS

Chapter 1 Defining Children and Families experiencing Special Needs

In light of the objectives originally established and the limitations pointed out during the review, the definition of children and families experiencing special needs requires further discussion and debate, prior to its operationalization.

Chapter 2 Integrating Children and Families experiencing Special Needs

Efforts to integrate handicapped children, children experiencing special needs and regular children in Ontario have been extremely diverse. They reflect different philosophies, resources, program needs and levels of creativity.

In light of this diversity and the limited research in this area, the various approaches to integration that have been undertaken in communities across Ontario need to be identified and reviewed.

Also, a forum needs to be established whereby Ministry staff, who are interested or have a specialized knowledge of integration, can meet to identify, discuss and resolve issues critical to developing more consistent integration policies for day nursery services.

Finally, based on this discussion of the issues, and guided by the principles stated in this study, policies for integrating day nursery services should be established.

Should the revised integration policies re-confirm the commitment to encourage a province-wide integrated day nursery system, the role of the segregated day nursery system should be addressed. While recognizing that there may always be children whose needs are such that they cannot be accommodated in an integrated program, a number of communities have already reorganized or are planning to reorganize their segregated programs in order to facilitate the delivery of services in an integrated setting.

The findings in the study indicate that there are handicapped children and children experiencing other special needs in the day care system who do not have access to resource staff. In reviewing integrated programming attention should be given to resourcing day nursery systems on a province-wide basis. It may be that certain features of the resource concept should be consistent across the province.

Chapter 3 Role of Day Nursery Programs

The findings in this study, combined with other research in Ontario, support the contention that day nursery programs are serving a relatively significant number of children and families experiencing special needs. These studies have also identified the potential role of day nurseries in delivering services to children who might otherwise be served in a more specialized treatment setting.

Day nursery program staff have assumed a variety of responsibilities in relation to serving children and families experiencing special needs. Among these responsibilities are preventive activities such as early identification and intervention. As part of their service to children and families experiencing special needs, some early childhood educators are carrying out screening and assessment procedures, participating in case conferences, providing programs to parents and assuming responsibility for case coordination.

The day nursery system appears to be an effective and efficient way to serve children and families experiencing special needs. If it is to continue to assume this role day nursery programs require access to specialized and support services.

Also, the early childhood education curriculum needs to include courses related to serving children with handicapping conditions and children experiencing other special needs. In addition, in-service training should be made available on a regular basis.

Chapter 4 Role of Specialist and Support Services

Specialist and support services are critical to delivering day nursery programs to children and families experiencing special needs. Approaches for providing access to resources staff tend to vary from community to community. Therefore, strategies whereby resource staff can be made easily accessible to day nursery programs at the community level should be identified and reviewed. Specifically, the potential for the resource staff to be linked with child care, family resource centres and child and family intervention centres need be explored.

Many day nursery programs serving children and families experiencing special needs depend on special resource personnel such as speech, physical and occupational therapists, psychologists, case managers and specially trained early childhood educators.

The ability of these services to pursue their involvement with children while in the day care setting is considered essential to the effectiveness of integrated day nursery programming. The extent to which liaison between day care staff and specialized community agency staff takes place is also an important contributor to effectiveness. This suggests that local specialized agencies should be encouraged and supported to work cooperatively with day nursery programs.

Specialist and support services should also be encouraged to deliver their service to children enrolled in day nursery programs, while they are in the day nursery setting.

Specialist and support services, as well as day nursery programs, indicated that certain resources are in particularly short supply. Those mentioned most frequently are assessment services, treatment services for children under four years of age and speech therapists. Staff pointed out that, based on their observations, the need for these services has been climbing steadily over the last few years. It would seem that there is a need for additional specialist and support services particularly assessment, treatment for children under four years of age and speech therapists.

Public health units, particularly public health nurses, appear to be a significant resource to day nursery centres. Further, the Health Protection and Promotion Act has broadened their mandate to include more prevention activities for infants and children. The services provided by the Health Units, where appropriate, should be coordinated with those provided by the day nursery system and the agencies that resource them.

Chapter 5 Coordination

Coordination appears to be taking place in a limited way in relation to case responsibility as well as service coordination across agencies. Case responsibility practices have been undertaken by individual program staff, particularly for handicapped children. Where service coordination is occurring, programs indicated it is essential to ensuring effective integration. It would seem that case responsibility policies and service coordination approaches for children in the day nursery system require further examination.

PART I

BACKGROUND INFORMATION

CHAPTER 1

INTRODUCTION

Information regarding children and families experiencing special needs and the services they receive from the day nursery system is limited in Ontario. (See Chapter 3, Part 1, for a discussion of the working definition of "children and families experiencing special needs.") The overall purpose of the current study is to obtain information on this population and so contribute to an information base that will assist with the development of a day nursery system with the capacity to serve these children and families effectively. This study refers to them as children and families experiencing special needs.

During the 1960s, the Day Nurseries Branch formulated a set of specific objectives and aims related to day nursery programs in Ontario. One of these objectives was "to provide opportunities in day nurseries for children with physical, developmental and/or social handicaps to achieve their physical, developmental and social potential."[1] In 1971, an amendment to the Day Nurseries Act affirmed the Ministry of Community and Social Services (MCSS) commitment to this objective. The Act was revised in order to make provincial funding available to municipalities, Indian Bands and approved corporations to provide day nursery programs to developmentally handicapped children. In 1974, revisions in the regulations under the Act made subsidies available to physically handicapped children served by approved corporations.

In 1980, the Ministry released a consultation paper entitled Day Nurseries: Proposed Standards and Guidelines. This paper served as a basis for a province-wide discussion of new standards for licensed day nursery programs and private home day care agencies in Ontario. A section of the paper entitled day nursery services for children with special needs proposed new standards for funded programs for children diagnosed as physically and developmentally handicapped.

Public consultation suggested that the use of the term "special needs" was inappropriate. Only physically and developmentally handicapped children would be included under this category. It was argued that this term applied to a broader range of children. Any child could experience a special need, the presence of which might require additional supports, but not necessarily long-term specialized programming or segregated settings. Evidence from the literature tends to support this viewpoint. For example, a Toronto study found that 13.9% of children in the day nursery programs surveyed were receiving help or being referred to outside professionals. Of the problems identified, the largest number tended to be short-term and fell into the social or behavioural category.[2] The children referred to by the

Ministry in the proposed standards were those whose program reflected a diagnosed physical and/or developmental handicap that was likely to persist over time. With this in mind, the new day nursery standards for these children were given the title "Standards for Handicapped Children in Designated Funded Programs". These children receive funding from the provincial government for special programming.

A. Issues

In order to achieve its purpose, this study addressed five areas of interest related to providing day nursery programs to children and families experiencing special needs. These are:

- defining children and families experiencing special needs
- issues related to integration
- the role of day nursery programs and staff
- specialist and support services for children and families experiencing special needs
- service coordination.

Defining Children and Families Experiencing Special Needs

The task of defining children and families experiencing special needs is a complex exercise. A potentially wide range of exceptional conditions fall into the designation "special needs". For example, a child could experience a special need in one or more of the following areas: physical, social, emotional, intellectual, environmental or behavioural. In addition, there are no commonly accepted and objective measures of special need. Finally, there is concern that children and families defined as experiencing special needs are often labelled as a result of this designation. The potentially stigmatizing effect of such a label must also be taken into consideration when developing a definition.

Despite the complexity of the task a definition was developed in order to establish parameters for identifying and collecting information regarding children and families with special needs.

Integration

In the day nursery system, minimal attention has been paid to integrating children experiencing special needs other than handicapped children, or to what support services are required to ensure that they receive effective programming.

Children experiencing special needs are served by different types of programs. Some are enrolled in designated integrated programs. (See Appendix 1 for program definitions) Many receive early childhood education in non-designated integrated programs. A small number are categorized under the Child and Family Services Act (CFSA) as child and family intervention services (previously referred to as children's mental health centres). In these cases, the child is enrolled in a day treatment program which provides early childhood education as well as other services as required.

Given the professional consensus regarding the benefits of integration,[3] as well as the Ministry's traditional interest in integrated day nursery services for handicapped children, issues related to integrating children experiencing special needs should be identified and explored.

Role of Day Nursery Programs and Staff

Recent reports have consistently documented that a significant number of children experiencing special needs including handicapped children are served by regular day nursery programs.[4] Day nursery program staff are involved in a variety of activities related to serving these children. These include preventive care, early identification and individual programming. For this purpose they use a number of screening and assessment tools, as well as different intervention and programming strategies.[5] Nonetheless, few early childhood educators have had the opportunity to participate in specialized training to prepare them to work with these children.

The range of children and families experiencing special needs served by the day nursery system, coupled with the involvement of staff in the activities listed above, suggest the need to examine the role of day nursery programs and early childhood educators and their preparedness to meet this role.

Role of Specialist and Support Services

While day nursery programs and staff play a significant role in serving children and families experiencing special needs, the variety and nature of their needs suggest that specialist and support services will be required. The use and availability of these services within the day nursery system should therefore be addressed.

Coordination

The fifth issue -- service coordination -- is also tied to the role of the early childhood educator. Day nursery programs serving children and families experiencing special needs may require and make use of a wide and diverse range of support and consultation services depending on their knowledge of the community and the availability of the services. Some children are already receiving services from a number of agencies when they enter a day nursery program. Others may require them as problems become identified in the course of providing service. Because a variety of disciplines tend to become involved (e.g., speech therapists, psychologists, etc.), it is important that continuity of service be ensured by providing coordination measures.

Generally, the responsibility for service coordination has been assumed by a variety of individuals and organizations. Some day nursery program staff coordinate services themselves. Agencies delivering services to children, such as a child and family intervention services or a developmental centre, sometimes assume responsibility for coordination. Some communities have established a single organization with the sole mandate of coordinating services to children, such as the Durham Case Coordination Program. (See Chapter 2, Part III, for additional information on the Durham Case Coordination Program.)

While efforts to coordinate services are clearly underway, in some communities, existing service system linkages need to be examined to determine their effectiveness. For example, while information-sharing and case conferences may be common practices for some programs, further analysis of resource-sharing and the coordination of program development, treatment planning and evaluation of outcome would be helpful.[6] Finally, the role of day nursery program staff in relation to the coordination of services to children in their programs should be identified.

B. Objectives

In order to address the five broad issues discussed above, the following seven objectives were identified for this study.

1. To develop a definition of children and families with special needs.
2. To establish principles to guide the examination and development of an appropriate range of day nursery programs/services for special needs children and families.
3. To prepare a catalogue of special needs programs and models of coordinated service delivery in order to identify and analyze the program or service elements that appear to be most satisfactory and the elements which promise to be most cost-effective within regular and integrated settings.
4. To describe and understand the kinds and current distribution of special needs programs across the province in order to take any inequities into account in future planning efforts.
5. To determine what resources licensed day nursery programs require to enable them more readily to accommodate the range of needs that children and families may experience at any time.
6. To examine any interface/coordination issues that affect the provision of day nursery services to children and families experiencing special needs and to propose strategies to make more effective use of the range of available community resources (e.g., public health, education).
7. To review funding mechanisms for children experiencing special needs in day nursery programs and to identify issues that may require consideration.

In the end, the study was unable to meet all seven objectives. Specifically, objectives three, four and seven were not fully addressed. With respect to objective three, a catalogue and models of coordination were not developed, nor were cost effective elements identified.

However, a number of program profiles have been prepared and are available on request (see Appendix 5 for list of profiles). Also the report includes a description of specific program components that appear to be effective. Rather than undertake a comprehensive review of the kinds and distribution of special needs programs as proposed in objective four, a sample of programs was used. Finally, while objective seven suggested that the study review funding mechanisms and issues, it did not. Existing funding mechanisms were simply described. The paper suggests that any further discussion or analysis of funding issues will have to take place in the context of future policy development.

CHAPTER 2

METHODOLOGY

A. Research Design

In order to address the issues in this study, four different methods were used:

- consultation with a Working Group
- a review of the literature
- a survey of existing programs
- participation in a project initiated by the Social Issues Committee of the Children's Aid Society (CAS) of Metropolitan Toronto.

A Working Group and sub-committees were formed at the outset. Membership consisted of a broad cross-section of individuals interested in and/or involved with the provision of early childhood education to children and families experiencing special needs.

Working Group discussions were used to develop an operational definition of "special needs" and establish a set of principles for the provision of day nursery programs to children and families experiencing special needs. In addition to raising a number of issues related to providing day nursery programs for such children and families, they also identified relevant literature, key resource people and programs in operation in Ontario and elsewhere. Finally, the Working Group assisted in developing questionnaires and sampling procedures to review day nursery programs providing early childhood education to children experiencing special needs.

As part of the study, a review of the literature related to children and families experiencing special needs was undertaken. In particular, historical information on programs for such children and families, as well as information on the concept of integration and the role of day care staff and specialized resources in the day nursery system was obtained.

At the same time, a survey was conducted to collect information about day nursery programs providing early childhood education to developmentally and physically handicapped children as well as to children and families experiencing special needs (see Appendix 2 for list of day nursery programs). Information was also collected from specialist and support services which provide or could potentially provide support to these programs (see Appendix 3 for list of consultation/resource services). The data collection instruments are available upon request.

The principal information sources included regular day nursery programs, designated integrated programs, non-designated integrated programs and segregated programs (definitions of these programs can be found in Appendix 1). Information was also collected from various specialist and support services, including child and family intervention services, infant development programs, children's aid societies, behaviour management programs and case coordination programs.

For the most part, day nursery programs were randomly selected for the study, although a few were included because of special features.

A letter requesting their participation was sent to each program or agency, along with a copy of the questionnaire. The draft definition of children and families experiencing special needs, prepared by the Working Group, was also enclosed. It was hoped that the definition would serve to provide greater reliability of estimates and statements regarding the numbers and types of special needs children and families. A telephone call was subsequently made to confirm the participation of the respective day nursery programs and specialist and support services. Interviews were also scheduled at that time.

Personal interviews were conducted with the supervisors of each day nursery program, directors and coordinators of the specialist and support services and, in some cases, other staff members. (See Appendix 4 for staff interviewed.)

The review focussed on a limited number of municipalities. Based on their geographic diversity and the Working Group's desire to include at least one community from each of the Ministry's four regions, the following areas were chosen for study with assistance from MCSS Area Offices:

Central Region:	Metropolitan Toronto Regional Municipality of Peel
Northern Region:	District of Thunder Bay District of Kenora
Eastern Region:	Regional Municipality of Durham
Western Region:	County of Lambton

In the North and Central Regions, two communities were chosen because of the variability between municipalities and the unique characteristics of these regions. The focus of the review was limited to these six municipalities in order to obtain a more detailed or in-depth understanding of the linkages and relationships between day nursery programs, professionals and agencies.

An effort was made to coordinate some aspects of this review with the work being done by the Research Advisory Group for the Study of Preschool Children with Special Needs in Metropolitan Toronto. In particular, some members of the Working Group provided input to the study and subsequent report. In addition, issues raised in the Metro study, such as the role of specialist and support services and the need for coordination, were raised as items for discussion during interviews in this review.

Also, in conjunction with the researchers from the Pre-school Study in Metro Toronto and members of the Working Group, the Social Issues Committee of the Board of the Children's Aid Society of Metropolitan Toronto formulated a questionnaire specifically designed to collect information from the Metro CAS, the Catholic Children's Aid Society of

Metropolitan Toronto and the Jewish Family and Child Services. The information described the characteristics of the special needs children they were serving, the methods used to assess and classify these children, the philosophies of service delivery, methods of programming and the types of alternative services being used. Supervisors from the three Metro Children's Aid Societies were responsible for administering the questionnaire, which was completed by front-line workers.

B. Participation

The level of participation by day nursery programs and resource and consultative services was relatively high. In each of the six municipalities selected, two day nursery programs were chosen from each of the four classifications identified earlier. These programs were chosen at random from a list provided by the Day Nursery Information System. In some cases, early childhood education (ECE) consultants and program supervisors from the Ministry suggested that certain programs would be of particular interest. These were included as part of the sample. These same individuals, together with members of the Working Group, identified specialist and support services which should be reviewed. Two were chosen in each community. This resulted in a potential sample of 48 day nursery programs and 12 resource or consultative services. In the end, 36 day nursery programs and nine specialist and support services took part in interviews. They represented 75% of the programs or agencies contacted. (Appendix 4 lists the persons interviewed in the day nursery programs and specialist and support services.)

C. Limitations

Great care was taken to design, review and pre-test the questionnaires for the study. Nonetheless, the study has certain limitations, as described below.

The ability of all early childhood educators to identify correctly, the nature of the special needs being experienced by children and families receiving service is not known. While they were provided with a definition of children and families experiencing special needs, this definition has certain limitations which may have caused individual perceptions of the range of special needs to vary considerably. (See Chapter 1, Part V for a discussion of the limitations.) Consequently, the reported incidence of special needs and their nature should be interpreted as estimates rather than precise figures.

Because a limited sample was used in the study of day nursery programs and specialist and support services, it was not possible to establish a complete sense of the linkages existing between day nursery programs and other agencies serving children and families experiencing special needs. Although some inferences can be made, it was also not possible to develop an accurate picture of the current distribution of special needs programs across the province.

The information storage and retrieval capacity of the day nursery programs and resource/consultative services varied. In some cases, the information requested was not available. In other cases, it was not available in the format requested. Consequently, some questions were not answered, or estimates were provided based on the information that was available.

Finally, while the study examined a variety of approaches to delivering services to children and families experiencing special needs, it did not undertake an empirical evaluation or assessment of these programs to determine their effectiveness.

CHAPTER 3

DEFINITION AND PRINCIPLES

The Working Group to review day nursery programs for children and families experiencing special needs was responsible for developing an operational definition of special needs children and families, as well as a set of principles to guide the examination and development of an appropriate range of day nursery programs and services for these children and families.

A. Definition

In developing an operational definition, the Working Group members had a number of objectives. They wanted to develop a definition which would:

- facilitate the early identification of children and families who may require additional supports in the day care system, but not necessarily long-term programming
- serve the administrative need for documentation
- not stigmatize those children and families defined as having special needs.

A definition was also necessary to establish parameters for "special needs" and thus, the validity of day nursery programs' estimates of the number and types of children and families experiencing special needs enrolled in their centres.

An earlier study of the special needs of pre-school children in Metropolitan Toronto (1983), developed a definition of children with special needs. This provided the basis for the following operational definition, developed by the Working Group for this review:

> A child or family experiencing special needs is a child or family which, at any given point in time:
>
> a) faces barriers to normal development and functioning in one or more of the following areas of development: physical, social, emotional, communciational, intellectual, behavioural, and/or
>
> b) has increased vulnerability to environmental and non-environmental stresses, including those related to family, social, economic and cultural circumstances.
>
> The needs which are being experienced at any one time will influence the resources required by the day nursery system to serve children and families effectively.

Four features of this definition are particularly important. It defines the family as well as the child, thereby making it consistent with the conceptual framework within which it is believed services should be delivered. Secondly, in order to prevent labelling, the focus is on the system, rather than the child (i.e., the barriers to normal development and functioning which a child faces in the system).

Thirdly, the definition suggests a continuum of needs that require various kinds of interventions and support. The continuum includes, the special needs of physically and developmentally handicapped children as well as the special needs of all other children. Finally, it attempts to incorporate the idea that the needs being experienced change over time.

It should be kept in mind that this is an operational definition, designed for the purposes of this study. However, it has a number of limitations. It does not distinguish between the child or family who may be vulnerable but for whatever reason, is functioning well and the child or family who is vulnerable and requires help. Also, the definition does not provide a sense of the degree of the special need being experienced. Essentially, the definition could be applied to a very large portion of the population, since many individuals tend to be vulnerable to some kind of stress most of the time.

Whenever the term "children and families experiencing special needs" is used throughout this paper it reflects the above operational definition.

B. Principles

Since 1977, children's services in Ontario have been guided by a general set of principles intended to describe the philosophy according to which programs are to be developed.[7] These principles, or versions thereof, have now been incorporated into the Child and Family Services Act. In addition, many policy statements have been accompanied by their own sets of principles; child advocacy and secure services are two examples. In the day nursery system, The Day Care Policy Background Paper, 1981 identified principles that were to "provide overall direction for day nursery policy and serve as a framework for determining the appropriate use of public resources".[8]

One of the objectives of the current review was to develop principles specific to providing day nursery services for children and families experiencing special needs. The principles listed below are consistent with the definition of children and families experiencing special needs. They focus on both the child and the family, and they emphasize the maximum development of children.

Development

Day nursery centres should maximize the development of all enrolled children through the early identification of the need for special help that may be required due to social, economic or political barriers or to particular personal difficulties whether mental, physical or emotional.

Normalization

Every effort should be made by day nursery centres to respond to each child in as normal a fashion as possible. Children should be served according to their common developmental needs, rather than according to their differences.

Integration

Where children in the day care system are handicapped or experiencing special needs, they should be served in a regular day nursery centre to the greatest extent possible.

Parent Involvement

Day nursery centres should enable and encourage parents to participate in day nursery programs, both with respect to general program development and specific program activities involving their child. Day nursery centres should invite parents to participate directly in assessing the needs of their child and should provide access to all information available concerning their child.

Assistance to Parents

Day nursery centres should support parents by assisting them in their own response to special difficulties experienced by their child. This will help to ensure the greatest continuity of response to the child.

Assistance to Day Nursery Staff

Day nursery staff should be provided with the necesssary support and resources to respond to the needs of all enrolled children, thereby helping children reach their optimum level of development.

Coordinated Service Delivery

Day nursery centres should ensure that necessary linkages exist between the sectors providing services to children and families enrolled in their centres, in order to successfully plan programs which will promote their optimal development, as well as to strengthen the capacity of the day nursery system to serve an increasingly diverse population.

PART II

LITERATURE, LEGISLATION AND POLICY REVIEW

CHAPTER 1

OVERVIEW

The purpose of the overview is to first present background information on the identification, prevalence, program approaches and Ontario perspectives currently available regarding children and families with special needs.

Researchers and theorists in child development have drawn attention to the critical relationship between a child and various components of his physical, social and emotional environment. They suggest that, should any of these components change, or break down, the child will become vulnerable to physical, mental or emotional delays. Under these circumstances, intervention may be required.[9] In addition to the theories regarding the developmental process, many social scientists have presented evidence that the early years are critical to child development and the acquisition of cognitive skills and learning patterns. These, in turn, directly affect a child's competence, self-esteem and performance.[10]

A. Identification

Research in medicine and mental health provides evidence that it is possible to identify children who are experiencing special needs or who are at risk of not reaching optimal development.

Research also suggests that groups of children who are at risk of not reaching their optimal development can also be identified. For example, studies have shown that disadvantaged families experienced significantly more physical, social and emotional problems than families perceived not to be disadvantaged.[11] Other studies indicate that several factors must be considered when identifying children "at risk" of not reaching optimal development. Smith, et al, used a cumulative score of biological factors and measures of performance during the first year of life to predict development and identify ways of protecting children from disorders.[12]

Anthony identified separate categories such as premature birth that were used to estimate a child's pre-disposition to health problems.[13] Rutter proposed an index of psycho-social disadvantages, including such items as parental illness, family disruption and/or over-crowding.[14]

B. Prevalence

While the question of which and how many children are to be regarded as experiencing special needs is a difficult one, estimates of the number of these children are available. Over the last two decades, researchers have turned up estimates of children experiencing special needs that have been surprisingly similar, ranging between 12 and 16 percent in countries such as England, France, the United States and Canada.[15]

Studies such as the Celdic Report estimated that one million children and youth have emotional and learning disorders in Canada.[16] Other studies have focused on more specific types of special needs. For example, research related to hyperactivity estimates that between 5 and 10 percent of all school-aged children are considered hyperactive.[17] Estimates of dyslexia in the school-age population range anywhere from 2 to 20 percent. Research suggests that hearing disorders affect from 7 to 15 percent of the child population.

Research more specific to the day nursery system has been conducted as well. A Canada-wide day care survey conducted in 1972 found that 57% of the centres who responded were actively involved with health, educational or social service personnel in the community in the interests of children in their care. The centres estimated that about 16% of the children in the centres have some type of problem requiring extra help.[18]

More recent studies have taken place in Metropolitan Toronto. The Metro Toronto Day Care Planning Task Force found that operators responding to their questionnaire reported 18% of children in their centres as having special needs of some kind. Five times as many special needs children were identified among subsidized as among non-subsidized children.[19] Another Toronto study focused on the kinds of problems children in day care had that would require help if a consultant became available. The study found that 13.9% of children were receiving help or had been referred. Of the problems identified, the largest number fell into the emotional, social or behavioural problem category.[20] Finally, a study of the special needs of pre-schoolers in Metro Toronto found that 1,121 (7%) of 15,887 children served by day care centres were identified as having special needs. A description of the types of special needs experienced by the 1,121 children indicated that the highest frequencies were reported for social/emotional special needs (51%), communicational special needs (44%) and environmental special needs (35%). Over half of the children were described as experiencing multi-problems (55%).[21]

While different sources of data are available, the literature provides no consensus regarding the prevalence of special needs or the appropriate resources and strategies required to meet these needs.

C. Program Approaches

The 1960s witnessed the first attempts by early childhood educators to establish services which supported children in their development, while counter-balancing those factors which placed them at risk. In the U.S., programs such as Project Head Start, the Portage Project and Follow

Through tested the long-term effects of intervention on a diverse, though primarily disadvantaged, population. They subsequently provided the basis for an extensive array of literature in early identification and intervention. They also had significant impact on planning services for young children and prompted the initiation of early childhood education programs for children, beginning at the age of three and under.

While preliminary reviews of these programs did not confirm their effectiveness due to inadequate evaluation measures, more recent analyses produced positive results. Among these results was the finding that early childhood intervention decreased the number of students requiring special education classes or retained in a grade.[22] In addition, the projects demonstrated that, in order to stimulate cognitive development in disadvantaged children, programs should involve the parents as well as the children. Further, they pointed to the need for more research on the type and timing of child development. It is likely that the specific features of a program, and when that program should be initiated, vary according to factors which have yet to be identified.[23]

More recently, longitudinal studies have also confirmed the effectiveness of pre- school programs for children living in poverty. The Perry Pre-school Project, which tracked children through to age fifteen, is an example.[24] It demonstrated that disadvantaged children who participated in the program responded better in later schooling, displayed serious anti-social behaviour less often, had higher projected lifetime earnings and justified, in dollars, the additional social outlays invested in their pre-schooling.

The results of research in child development, evidence that it is possible to identify children at risk of not reaching optimal development and the proven effectiveness of early identification and intervention have contributed to the Ministry's present interest in children and families experiencing special needs and its decision to examine day nursery programs for these children and their families.

D. An Ontario Perspective

Literature and research, specific to Ontario, have also created greater interest in children and families experiencing special needs in the day care system.

A report prepared by Ryan (1972), studied the effects of disadvantaged circumstances on a child's development. Ryan identified a shortage of Canadian resources devoted to promoting optimal development in children. He proposed a variety of strategies to address this problem, such as the establishment of university-based child development centres to experiment with new programs for disadvantaged children, locally based initiatives including neighbourhood nurseries, home tutoring programs focussing on child development, and a commitment to develop sound early intervention programs and a thorough, scientific evaluation of their short- and long-term effects.[25]

The State of the Art: A Background Paper on Prevention provided a backdrop for discussion and research in prevention.[26] The paper presented numerous strategies for improving the environment of growing children. It also described a family support grid which outlined the ideal range of support services necessary for prevention and treatment during a child's development. The grid specified that, in the case of the pre-school child, programs should give special attention to:

- enhancing intellectual and social development
- detecting high risk children
- periodic assessment of health and development.

A number of other Ontario studies have assessed the effectiveness of pre-school programs for disadvantaged children and families. Project FREND, in Hamilton, provided selected, mainly disadvantaged, families with a variety of support services, in addition to early childhood education.[27] Professionals including public health nurses, social workers, home economists and general practitioners provided education for family living, counselling, help with home management, nutritional advice and medical care. When compared with a control group, mothers and fathers in the program seemed to achieve greater confidence in their role as parents, appeared more sensitive to interaction patterns with their children, seemed more optimistic about their neighbourhood's effect on children and placed greater importance on verbal communication as a method of problem solving.

The University of Western Ontario developed a pre-school program designed to support the personal and physical development of disadvantaged children, as well as their cognitive and intellectual development.[28] The program, based on an individualized active-discovery type of program model, demonstrated the short- and long-term effectiveness of intervention on a wide range of children's competencies. Graduates from the pre-school program maintained the cognitive gains after they enrolled in primary grades. Also, significant differences between the pre-school graduates and the controls were found in gains made on a variety of aptitude and achievement test scores during the primary grades.

Finally, a series of studies in Metropolitan Toronto as well as Waterloo, Ottawa and York Regions provided evidence that the day care system in Ontario is serving a significant number of children and families experiencing special needs. The studies point to the benefits of these programs from an early intervention perspective. At the same time, they raise concerns regarding the inexperience of early childhood educators in working with these children and families, and the lack of support services available to them to help carry out this role.[29]

Clearly Ontario studies have indicated an interest in children and families experiencing special needs. The work has been limited, however, and suggests the need to more closely examine this population in relation to the day nursery system.

CHAPTER 2

LITERATURE ON INTEGRATED DAY NURSERY PROGRAMS

This chapter provides an overview of the concept, practice and implications of integration according to various studies and research reports. Some of the literature in this review relates specifically to handicapped children. Other literature addresses integrating children experiencing a broader spectrum of needs. Therefore this section distinguishes between handicapped children and children experiencing other special needs.

The literature generally supports the idea that children experiencing special needs can be served most effectively in integrated settings.[31] Basic values support the contention that these children should enjoy the fullest possible participation in our society. In addition, human rights legislation and the principle of "least restrictive alternative" provide the legal and legislative mandate to serve children in the most normative environment possible.

A. Definition

A review of the literature identifies many definitions of "integration". Some definitions simply identify integration as a goal, requiring that children no longer be labelled and that they receive service in a regular setting. More complex definitions emphasize a comprehensive process involving physical and social integration as well as a commitment toward individualized educational planning and accountability by service providers. Some theorists have described integration as both a goal and a process.[30] This approach has stressed that, in planning to include handicapped children or children experiencing other special needs in a program, services tend to go through a transitional process. They may begin with a semi- integrated situation and move toward a fully integrated program where interaction and planning for handicapped children, children experiencing other special needs and regular children is maximized.

B. Program Development

The literature describes a variety of approaches to developing integrated programs for children.[32] Each of these reflects the specific developmental approach of those responsible for program implementation, as well as the nature and degree of the handicap or other special need being experienced by the children. In addition, individual day care centres have their own particular constraints related to staff-child ratios, age, range of disabilities and physical space arrangements which must be taken into account. Nevertheless, a number of common themes related to program development do exist.

A primary consideration in delivering a day nursery program is the recognition that each child in the program is an individual. While this is true in all settings, it is particularly important in integrated programs where the nature and degree of children's needs may be extremely varied. Children should be identified and planned for "on the basis of their developmental and behavioural needs, rather than on categorical criteria related to other handicaps".[33]

Many sources provide information on how to develop programs for individual children.[34] These sources identify, for parents, teachers and other professionals, steps which will help to structure the day nursery program and facilitate successful development of individual children. A brief summary of the essential steps identified by Health and Welfare Canada in their discussion of children with special needs in day care follows:[35]

- assess a child's functioning level in each of the developmental areas; gross motor, fine motor, communication, cognitive and socialization
- set appropriate long-range and short-term skill development goals
- break down each skill into teachable steps
- find appropriate activities to help teach new skills
- write out the objectives and teaching procedures (such as who will teach, where, when and for how long, and method used)
- keep records of the child's progress
- evaluate the progress of the child by referring to the data
- continue the program if progress is steady; try alternative ways if progress is lacking; set new goals when stated goal has been achieved.

These eight steps could be applied differentially, depending on the child's needs.

A second important, and generally accepted, consideration when delivering an integrated day nursery program has to do with monitoring child development. To do this, early childhood educators, independent of their developmental perspective, tend to divide development into at least four areas -- physical, intellectual, social and emotional development. They apply the concept of "milestones" to monitor and evaluate a child's progress in each of these developmental areas.[36] While it is used throughout early childhood education, this concept is particularly important when dealing with handicapped children or children experiencing other special needs. Developmental milestones serve as guidelines to enable teachers to know whether a child is unable to perform a task because of age, or because of a handicap or special need.

Another concept central to the development of many programs for handicapped children and children experiencing other special needs is reinforcement.[37] Although the various methods of reinforcement may vary from centre to centre, many programs employ positive reinforcement techniques to encourage the performance of desired behaviours. Guidance concerning the amounts, timing and methods of reinforcement is provided by the centre to new staff, parents and other professionals delivering services to the child.

Finally, much of the literature directs teachers to focus on the children's strengths, rather than their weaknesses. The literature suggests that this approach maintains high teacher expectations, encourages teachers to see the potential in each child, and encourages children to progress in those areas where their development may be delayed, as well as in areas where they are already considered strong.[38]

The curriculum itself should be such that, for example, individual programs become extensions of regular activities. Artificial exercises should be avoided in favour of exercises which are already understood and enjoyed, and permit children to interact and communicate with their peers. The curriculum should also reinforce the opportunity for children at different developmental levels to interact.

An entire array of instructional strategies, unique to integrated settings, is available to early childhood educators and program planners. Essentially, these strategies focus on using peers as educational and therapeutic resources. They depend on interactions occurring between children at various developmental levels. Research in this area suggests that such interactions may not be spontaneous.[39] Rather, teachers should be prepared to structure the situation systematically, using children and organizing programs to promote various interactions. Programs should be designed so that they support and reinforce encounters between children at different developmental levels.

Staff

Integrated day nursery programs require that a number of staffing considerations be taken into account. Staff attitude, skills and training requirements, and child- to-staff ratios are among the significant factors which can contribute to a successfully integrated program.

Staff attitude has been described as the most significant variable influencing the effectiveness of an integrated day nursery program. The literature stresses the need to recruit staff who are flexible, innovative and prepared to try new ideas and approaches.

Who will these staff be? Many early childhood education programs prepare teachers to work exclusively either with handicapped or normal pre-school children. A frequent criticism of integration is that it places undue demands on teachers who have not been trained to work with handicapped children or children experiencing other special needs.[40] However, if these children are to be fully integrated into day nursery programs, teachers must be in a position to work with them effectively.

In-service training for staff is also an important component of integrated programming. Individuals who work with children, particularly children who are handicapped or experiencing other special needs, face many challenges and frustrations. In-service training helps to maintain staff enthusiasm, encourages them to develop fresh ideas and new approaches to curriculum planning and teaching, and helps to avoid staff burn-out.[41] A number of teachers and personnel in pre-school programs have never worked with children who are handicapped or children experiencing other special needs. Effective integration requires that basic knowledge about handicapped children be available to these staff. The kinds of competencies that might be developed through in-service training include: mastering identification and screening procedures, conducting diagnostic evaluations, promoting language development, working with parents, ensuring the total development of the child, implementing a comprehensive and efficient data collection process, securing and maintaining administrative support and individualized instruction.[42]

Parents

Parent involvement is an important component of effective integrated programming.[43] In integrated settings, parents of handicapped children and children experiencing other special needs are key sources of information regarding the child's history. They can provide information from specialist and support services who have worked with the child in the past, as well as information regarding the child's day-to-day behaviour. Also, if learning is to be effectively carried over from the day care setting to the child's home environment, parent involvement is required. In addition, program staff can assist parents in understanding and accepting a child's handicap or other special need.

Opportunities for parents to visit and participate in day nursery programs as well as home visits, provide effective means of ensuring parent involvement.

Ratios

Discussion of "ratios" in the literature focusses on the ratio of handicapped to non- handicapped children attending regular day nursery programs. While such discussions do not specifically address children experiencing special needs, many of the comments and approaches can be readily applied to this group of children.

For example, the literature suggests that there can be no set formula to determine the ideal ratio of non-handicapped children in day nursery programs. In the first place, this ratio may vary at any given point in time as a function of the activities taking place. Secondly, the nature and degree of children's handicaps affect the number of children a program can accommodate. Related to this point is the fact that children change over time. The extent of a child's handicap may diminish after spending some time in an individualized program, in which case the child will require less special attention. A third consideration is the availability of staff and volunteers. A fully integrated program, particularly one in which several children require special attention, may need additional adults to support each child's adjustment and to assist in individual programming. The availability of this adult support will influence the number of handicapped children which a program can be expected to integrate.[44]

Generally, then, the ratio of handicapped children and non-handicapped children will vary from program to program. In many cases, the "principle of natural proportions" tends to be followed.[45] According to this principle, the proportion of handicapped students at a regular school should approximate their proportion in the school population. The literature suggests that this will be somewhere in the area of one percent.

Other program descriptions indicate that there are typically two to four handicapped children integrated with a group of six to eight non-handicapped youngsters. The nature of the activity underway determines the ways in which children are paired or grouped. For example, the ratio of normal to handicapped children in an activity group might vary from one-to-one to one-to-six.[46]

The approaches described above provide some examples for determining ratios. However, day nursery personnel need to identify the factors in their own settings that will determine what is an appropriate ratio. Health and Welfare Canada suggests that the working out of optimal ratios should be viewed as a process.[47] Integrated day nursery programs should phase in one or a few handicapped children. Staff can then monitor the effects of the children's participation in the program, their needs for support and their developmental progress. This will also allow time for staff to become comfortable working with these children. An informed decision to include more handicapped children, retain the present ratio or reduce the number of handicapped children can then be made based on their experience and observations.

Environment and Equipment

Many handicapped children and children experiencing other special needs can be accommodated in regular day nursery programs with little or no change to the environment. Some children, however, particularly those with physical handicaps, require specialized equipment and/or alterations to the environment, depending on the nature of their handicap. For example, wider doorways, handrails in washrooms and ramps will allow a child in a wheelchair to move more independently about a centre.

On a more general level, much of the literature stresses that the environmental design of an integrated program should support and reinforce encounters between children at different developmental levels. Ideally, rooms would be divided in such a way that they facilitate interaction between handicapped children, children experiencing other special needs and regular children, as well as individual instruction.[48]

The influence of play materials and equipment on the social behaviour of children in integrated day nursery programs has also received considerable attention from researchers.[49] Certain toys and materials such as sand boxes, tricycles, wagons and blocks elicited more cooperative play than other toys commonly found in nursery school environments. "Social" toys and "isolate" toys are distinguished by researchers to designate objects/toys which promote interaction and those which encourage children to play alone. For example, checkers and playing cards might encourage children to play together more often than toys, puzzles or painting.

Research also indicates that certain physical and spatial features of preschool environments can inhibit social interaction among peers. Restricted space, for example, increases the frequency of aggressive interaction among children.[50]

Finally, it has been suggested that until children learn to use the available material and equipment, peer interaction cannot occur. Therefore, it may be necessary to teach certain developmentally delayed children to use and/or play with the materials before they can be used to promote interaction with non-handicapped peers.[51]

CHAPTER 3

LITERATURE ON THE ROLE OF STAFF AND SPECIALIZED RESOURCES

This chapter of the literature review discusses the role of early childhood educators in programs serving children and families experiencing special needs. It also considers the role of specialist and support services in assisting early childhood educators.

The role of the early childhood educator and that of specialist and support services is influenced by a number of factors: the nature and prevalence of the needs of the children enrolled in their program, individual philosophies concerning early childhood education, work experience, new research findings and trends in relevant professional groups.

While the literature is limited, it reminds us that early childhood educators serve a diverse group of children, some of whom can be expected to be experiencing a special need. This will undoubtedly have implications for the role of early childhood educators and their academic preparedness to effectively identify, care for and teach such children.

Many of the factors which created interest in children and families experiencing special needs in the day care system have also influenced the philosophy and role of early childhood educators. For example, medical and mental health professionals have increasingly emphasized the need to devote more resources to promoting optimal development and preventing disabilities and dysfunctions in children.[52] Research in these areas has explored a variety of factors which might place children "at risk" of experiencing a wide range of handicapping conditions.[53] In addition, health professionals have, for many years, been developing early identification procedures which help them to prevent a condition from occurring, treat or manage an existing condition, or alleviate and support the individual experiencing the condition. The literature describes notable successes in some of these screening and intervention procedures. At the same time, it expresses many concerns, particularly in assessing development in children. In brief, it cautions that screening and assessment should be used to help each child develop optimally rather than to label children as failures.[54] Generally, work by these professional groups has increased early childhood educators' interest and involvement in early identification.

Educators have had a long-standing interest in early identification and intervention programs as well. Deller notes that early intervention programs such as Head Start and Follow Through in the United States and the Brunswick-Cornwallis Project and Project FREND in Canada have had significant impact on program development for young children from high risk populations living in poverty conditions.[55] She goes on to describe the significant contribution made by special educators working with specific disabilities in confirming the effectiveness of early identification and programming and providing early childhood educators with assessment and curriculum materials.[56]

Initially, many early intervention programs assumed that they would improve young children's development by direct educational means. Over time the need for a more comprehensive approach has been recognized. The literature reflects a growing understanding of the effect of environmental factors on child development as well as the family's ability to fulfill its child rearing responsibilities. As a result, a new conceptual framework for the provision of services to children has emerged.[57]

Children's services are becoming understood as part of a broader context. This approach recognizes that policy and service delivery agencies should take into account the social and economic context in which children and their families live. It requires a more comprehensive approach to service provision which would include appropriate medical, diagnostic, preventive and treatment services, social and economic welfare measures, and direct support for families.

For early childhood educators, particularly those working with children experiencing special needs, a more comprehensive service approach has a number of implications. Skills related to early identification and intervention become important prerequisites to providing service. In addition, early childhood educators need the ability and time to effectively involve families in developing and implementing programs for children.

In addition to requiring specific skills of their own, this comprehensive approach requires that early childhood educators be able to seek the advice and support of a number of specialized resources. For example, the core feature of the Windsor Early Identification Project was to provide the teacher with an easily administered procedure to assess a child's performance in the early school years. Nevertheless, participation and input from professionals in medicine, psychology and education were considered essential components of the project as well.[58] In its background paper on prevention, the Ministry of Community and Social Services listed the ideal range of support services necessary, both for prevention and treatment, at each level of a child's development. In the case of preschoolers, one of the recommendations stated that:

o Professional consultation should be provided to day care centres and family day care services in order to assess and program for children with developmental and behavioural problems.[59]

More recently, a comparison of the therapeutic effectiveness of a preschool day treatment centre and an integrated nursery program measured gains achieved on social age, academic age, communication age and language comprehension. The study demonstrated a significant difference in the therapeutic centre over the integrated program.[60] These differences suggest that greater clinical and staff support may be required by programs which integrate emotionally disturbed or developmentally delayed children, in order to ensure optimal development.

CHAPTER 4

LEGISLATION AND POLICY IN ONTARIO

This chapter briefly describes legislation and policies relevant to day nursery programs for handicapped children and for children and families experiencing other special needs. The discussion focuses on three areas:

- financial support
- integration
- the role of day nursery programs and specialist and support services in serving children and families experiencing special needs.

A. Financial Support

There is no specific reference in legislation to funding for children and families experiencing special needs other than for the physically and developmentally handicapped. Nevertheless, where parents are considered to be in financial need, their children are eligible for subsidy in the same manner as "regular" children/parents are eligible.

Funding for day nursery programs providing service to physically and developmentally handicapped children is authorized primarily under the Day Nurseries Act. The province provides 87 per cent of the operating cost of approved programs for handicapped children under five years of age and a 100 per cent of the net cost of programs for children five years and over. Families of children with handicapping conditions are not required to be needs-tested. These centre base group care programs may be provided in a segregated or integrated setting.

In order to be considered a handicapped child the legislation indicates that the child must have:

> ...a physical or mental impairment that is likely to continue for a prolonged period of time and who, as a result thereof, is limited in activities pertaining to normal living as verified by objective psychological or medical findings and includes a child with a developmental handicap.

The Day Nurseries Act also allows for the funding of in-home services and services for a child enrolled in a day nursery or in receipt of private-home day care. By policy these services are only available to handicapped children as defined above. In addition, the Child and Family Services Act allows for the funding of private-home day care services to children with handicapping conditions.

The Day Care Initiatives Program, established in 1981, addressed problem areas identified in the Day Care Policy: Background Paper. Under the Ministry Act it has funded a much broader range of child care support services, such as Child Care Family Resources Centres. Some of these centres identified, as a program objective, the desire to meet some of the developmental needs of handicapped children and children experiencing other special needs by providing specialized toys, parent/caregiver relief, information and support, etc.

Infant Development Programs are financed by the Ministry under the Child and Family Services Act to facilitate the development of children with known developmental handicaps or at risk for developmental handicaps. Some of these programs provide support and information to early childhood educators in regular day nursery programs. In doing so, the infant development programs enhance the effectiveness of the day care centre while giving its day care staff confidence and support to continue to accept developmentally handicapped children and children at risk of developmental delay.

Some children and families experiencing special needs are receiving service through child and family intervention services centres. Approximately 1,675 children receive day care in conjunction with treatment services.[61] These programs are provided under the Child and Family Services Act, rather than the Day Nurseries Act. They are totally funded by the Ministry of Community and Social Services.

B. Integration

The principle of integration has been accepted for some time in Ontario's day care system. During the early seventies, integrated programs were initiated in response to the thrust towards normalization.[62] In 1978, the Day Nurseries Branch noted that:

> The special requirements which mentally and physically handicapped children may need to assist them to develop to their optimum functioning levels should not separate them from either normal conditions of early life or from regular early childhood services.[63]

The Branch went on to describe a spectrum of services for handicapped children and adolescents. Their suggested objective was that children would move through the spectrum to the ultimate goal of enrollment in a fully integrated program. The green paper, Proposed Standards and Guidelines for Day Nursery Programs also expressed strong support for integrated day nursery programs.[64] In 1981, the Ministry established, as a specific long-term priority, the expansion of services for handicapped children in integrated programs.[65]

In a number of communities, segregated day nursery programs in developmental centres have been eliminated or reorganized to facilitate integration. In York and Peel regions, for example, all children in segregated day nursery programs have been integrated into municipal day nursery programs or private home day care. Many teachers from the segregated programs became resource teachers for the integrated centres. Plans in Durham Region were underway to change two developmental centres to child and family resource centres. Most of the children in the centres will be transferred to day nursery programs in the community. Simcoe Hall, a crippled children's centre also in Durham Region, is being reorganized in a similar way.

As previously mentioned, children experiencing special needs other than handicapped children are most often served in regular day nursery programs. Specialist and support services facilitate integrating these children and, in some cases, handicapped children, into regular programs.

It is interesting to note that during the last decade, the field of education has witnessed important legislative developments related to programming for children experiencing special needs (referred to as "exceptional children" by the Ministry of Education). Bill 82 was developed by the Ministry of Education to ensure that all exceptional school-aged children in Ontario have available special education programs appropriate to their individual needs.

Particularly significant is the definition of an exceptional child proposed by the Ministry of Education. The definition, which considers each facet of a child's development, states that an exceptional child is one whose behavioural, communicational, intellectual, physical or multiple exceptionalities are such that he/she is considered to need placement in a special education program. The Ministry also defines gifted children as exceptional.[66]

While the principle of integration does not seem to have been identified as a high priority in the delivery of child and family intervention services, the use of generic services for children experiencing mental, emotional or psychiatric problems is receiving greater consideration. For example, child and family intervention services provide support and consultation to day nurseries, schools and recreational programs in order to maintain and/or integrate children.

Furthermore, while information is limited concerning the use of day care as an alternative family support service, there is some evidence that children's aid societies are beginning to adopt this approach.[67]

This review of legislation and policy in Ontario suggests that there is a strong interest in promoting a day nursery system which can readily and appropriately meet the needs of handicapped children and children experiencing other special needs, in as normal a setting as possible.

C. The Role of Early Childhood Educators, Specialists and Support Services

There are a number of legislative and policy factors that determine and influence the roles and responsibilities of early childhood educators, specialists and support services who provide programs for handicapped children and children experiencing other special needs. This section provides a brief description of legislated staff and program requirements for programs serving handicapped children and children with other special needs; an overview of a conceptual framework for delivering children's services; and a summary of early identification approaches.

Program and Staff Requirements

The regulation under the Day Nurseries Act provides standards for regular programs and programs serving handicapped children. Staff/child ratios, teacher qualifications, and program training/treatment plans are discussed below.

Generally, programs for children experiencing special needs who are not defined as handicapped according to the legislation do not receive additional funds. Programming for these children tends to be based on the assumption that their needs can effectively be met in groups with some individual attention when required. The use of specialist and support services for these children tends to vary from program to program. In programs where staff know about community services, they may be able to establish a network of readily accessible support services.

Programming for "funded" handicapped children is designed to meet their individual needs. Within 30 days of each child's enrollment, a written individual program plan and written individual treatment plan must be prepared, with provision for monthly updating. Following each revision, the plans must be reviewed with the child's parents. These plans tend to include a combination of services to be provided by early childhood educators and by specialists or other support services as required. In many cases, these specialist and support services are on staff at the treatment centre of which the day care may be a part or with which it may be affiliated.

All regular licensed group care programs provide staff in accordance with the number of children being supervised. Children are enrolled in groups according to age and the maximum size of each group is specified by the regulation. At least one staff member with each group of children must be qualified. Subject to director discretion the teacher's qualifications must include a program in early childhood education or the equivalent.

Licensed private home day care agencies enlist home "visitors" who have completed an approved post-secondary program in child and family related studies and have two years of experience in a day nursery program. Qualifications for private home day care providers are left to the discretion of the operators.

Centres providing an integrated program for "funded" handicapped children must employ a resource teacher for every four handicapped children. Subject to the Director's discretion the resource teacher's qualifications must include a program in early childhood education or the equivalent, an approved post-secondary program specific to the needs of handicapped children and, if working with multi-handicapped children, a current Red Cross or St. John's Ambulance certificate in first aid. A travelling resource teacher may be funded under Section 5 of the Day Nurseries Act or the Child and Family Services Act and provide support and direction to a number of day nursery programs who integrate less than four handicapped children.

Service Delivery Approach

Relevant to the roles and responsibilities of early childhood educators, as well as specialist and support services, is the gradual adaptation of a new conceptual framework for delivering children's services. This framework places increased emphasis on the family as the focus for service delivery. Initially, the emphasis on family was described in The State of the Art: A Background Paper on Prevention. This survey of prevention literature recognized the importance of supporting the family unit when it suggested that:

> a system of family support services should be in place in every community to provide support and assistance to parents when their family and neighbourhood support systems are unable to do so.[68]

The State of the Art paper described a "family support system service grid" that included a range of family support services and the individual ministries responsible for each. A number of these services have implications for expanding the role of early childhood educators and support services in the day nursery system. These services are listed below:

- infant assessment
- day care to give care, protection and intellectual and social stimulation to some high risk infants
- short-term day care or overnight care during emergencies
- identification of high risk families and supplementary care for high risk children
- home visiting programs
- periodic health and assessment programs for all children
- nursery school and family child care, available in the community as part of supplementary care for selected families, as needed
- child care, available for children of working parents, based on their ability to pay
- professional consultation to day nursery program and family services to help assess progress for children with developmental and behavioural problems.

Given that the day care system has access to such a large number of children (over 81,000 in group centre care and private home day care alone)[69], its potential role in delivering the services described in the family support grid deserves special consideration. Further, the role of specialist and support services in assisting the day care system should receive equal attention.

The most recent example of this family-oriented framework for delivering services is the Child and Family Services Act, originally the Children's

Act. The new title reflects the Ministry's commitment to supporting the family unit while promoting the best interests, protection and well-being of the child.

Early Identification

A final consideration in this chapter is the growing emphasis on early identification of handicapped children and children experiencing other special needs and provision of appropriate intervention services. The service grid described previously clearly recognizes the concept of early identification and intervention. Through legislation, policy and practice, human services as a whole have demonstrated their support for these concepts.

Since the early seventies, the Ministry of Education has supported a variety of early identification programs for all Ontario school children. It required an early identification program for all children by the end of their senior kindergarten year. Guidelines have been developed which outline the general nature or focus of early identification procedures in the educational system.[70]

The public health sector in Ontario has been concerned with the early identification of health-related problems and with early intervention for some time. A recent Toronto study revealed the important role played by public health nurses in providing services to pre-school children experiencing special needs.[71] For example, their participation in assessment, planning and carrying out treatment was considered critical by many agencies. The Ministry of Health has developed guidelines for early identification and intervention. These are required under the Health Protection and Promotion Act, 1985.[72] Of particular interest are the parental and maternal health services, as well as infant and pre-school services contained in the guidelines. Services to be provided by or with public health units include: pre-natal education programs for expectant parents; counselling services on all aspects of parenting; identifying, assessing and monitoring "high risk" infants; assessing a child's health; evaluation of the child's vision and hearing at least once before four years of age; monitoring growth and development on a consistent basis; and, in conjunction with other agencies, identifying and monitoring children at risk of abuse.

Few procedures exist for the early identification of developmental strengths and needs in infants and pre-schoolers. Procedures related to infants are not generally supported in the literature for a number of reasons. For example, data on reliability and validity seems to be limited and screening devices do not tend to include the necessary developmental items for children under 12 months of age. Early identification procedures for older children, while they are fairly widely used, still raise some concerns among specialists as well.[73] In contrast, procedures for identifying and treating physical handicaps have received much more professional attention. Nevertheless, over the past few years, efforts to identify and treat developmental lags in infants and pre-schoolers have intensified in Ontario. Infant development programs, described earlier in this paper, play an important role in this area. Child and family intervention services have also become involved. Many day nursery programs apply their own screening and early intervention procedures as well.

The new-found popularity of early identification and intervention procedures suggests the need to examine the competency of day nursery staff with respect to these roles, their need for support from specialized treatment centres and other services and their need for continued training.

PART III

INTEGRATED DAY NURSERY SURVEY FINDINGS

CHAPTER 1

NUMBER AND CHARACTERISTICS OF CHILDREN BEING SERVED

Part III and IV presents the major program findings of the study. The information is based on the perceptions of the service providers in the sample. Readers are reminded that these perceptions may reflect individual area office approaches, discretionary interpretation of legislation and policies and, in some cases, misunderstanding of MCSS intent or direction.

During this review, 19 integrated nursery programs providing services to children and families experiencing special needs were interviewed. Eight of these were "designated integrated" programs, 11 were "non-designated integrated programs". (See Appendix 2 for lists of the integrated programs reviewed.)

As indicated in Part I, the original intent of this study was to describe specific integrated models of day nursery programs. While programs may vary in their philosophy of service, affiliations, organization, location and so on, many programs also display similar features. In order to avoid repetition and to highlight the most significant aspects of the programs, the paper organizes information on these programs using a number of themes or features, rather than according to individual programs. A list of detailed program profiles is noted in Appendix 5.

It should be kept in mind that this review does not represent a comprehensive picture of all integrated programs which operate effectively in Ontario. There was insufficient time to review all of these programs and include them in this study.

The majority of physically and developmentally handicapped children receive services in segregated day nursery programs (79% of the total enrollment in 1983).

At the time of this study 469 physically and developmentally handicapped children were financially supported in 64 integrated programs throughout Ontario. This represented approximately 21 percent of the total enrollment of handicapped children. (Estimate based on a telephone survey conducted by Research and Program Evaluation Unit, Ministry of Community and Social Services, 1983.)

Statistics are not collected on the number of handicapped children who require a program for whom space is not available.

The total enrollment in the 19 integrated day nursery programs was 1,371 children. Of this number, the total number of children identified by day nursery programs as experiencing special needs was 93, or 7% of all children. This estimate does not include mentally or physically handicapped children. The total number of special needs children including the handicapped was 169 or 12% of all the children.

In order to control for a possible bias produced by socio-economic status, day nursery programs serving only subsidized children were analyzed separately. The rate of children experiencing special needs in these day nursery programs was 20%. The rate for other programs was 5%.

"Non-designated" integrated and "designated" integrated programs were examined separately to determine if there were any differences in the number of children experiencing special needs perceived to be served by each. The total enrollment in the 11 non-designated programs was 795 children. Of this number, the total number of children identified by day nursery programs as experiencing special needs was 53, or 7%.

The non-designated integrated program that served only subsidized children was analyzed separately to control for bias. The rate of childen experiencing special needs in this daycare program was 58%.

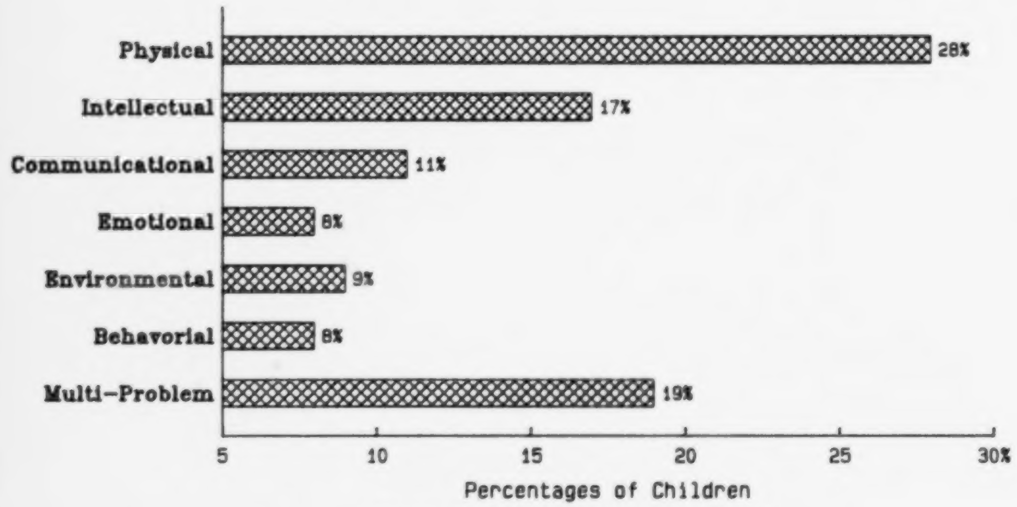
Five hundred and seventy-six children were enrolled in eight "designated" integrated programs. Of this number, the total number of children identified by day nursery programs as experiencing special needs was 40, or 7%. When day nursery programs serving only subsidized children were analyzed separately, the rate of children experiencing special needs was 13%.

Figure 1 presents a description of the types of handicaps and special needs being experienced by the children in the integrated day nursery programs. Thirty-two (19%) of the children experiencing special needs were described as multi-problem children.

The study identified a disproportionate number of males as experiencing special needs. Of the 169 children identified as experiencing special needs, 99 (59%) are males and 70 (41%) are female.

In addition to serving children experiencing special needs, day nursery programs indicated that they were also serving families experiencing special needs. Ninety- one (7%) of the families they served were described as experiencing special needs. However, when programs in the City of Toronto, which appear to serve a disproportionately high number of low income and single parent families, were removed from the sample, the total number of families dropped to 12 (1%).

TYPES OF NEEDS



Proportion of Children Experiencing Different Types of Special Needs and Handicapping Conditions

CHAPTER 2

PROGRAM CHARACTERISTICS

During the review integrated day nursery programs were asked to provide information regarding their general program objectives, specific intake procedures and detailed programming aspects. This chapter summarizes their responses and perceptions.

A. Program Objectives

The integrated day nursery programs have formulated a number of objectives upon which to base the development and implementation of their programs. These objectives reflect a strong commitment to educating all children, including those with handicaps or other special needs, and preparing them to participate fully in community life. While some programs stress the specific objective of promoting integration, others emphasize a more global objective of creating an environment which helps any child to reach his or her full potential, whatever the child's developmental level.

The objectives listed below reflect, in a general sense, the factors that programs regard as key considerations when developing and implementing an integrated approach to early childhood education. Several objectives are specific to a single program and are included because they offer a new insight or imply a new approach to integration. The objectives listed here appear to be a useful point from which to initiate or reconsider the integration process:

- to promote the integration of handicapped children and children experiencing other special needs into a regular day care program
- to stimulate the development of children physically, emotionally, socially and intellectually
- to provide an enjoyable learning atmosphere that responds to the individual needs of pre-school children and is adapted to their levels of growth
- to provide a child development program which will enhance the quality of life in all participating family units and help meet the individual needs of the child and the family
- to prepare the child for entry into the school system
- to help ensure that parents, teachers and agencies work together in an integrated way to promote a healthy environment for the child
- to provide an enriched learning experience for the student-teacher while observing and participating with the children.

B. Intake Procedures

Generally the intake procedures discussed in this section apply to designated physically and developmentally handicapped children in integrated day nursery programs. In some programs, similar procedures are in place for children experiencing other special needs, but this tends to be the exception rather than the rule.

Most intake procedures focus on obtaining as much information about the child and his background as possible in order to determine the program's ability to accommodate the child and his special needs. This section discusses referral, information required, parent involvement and the role of the referring agency.

Referrals

Most programs tend to have an open referral policy. Parents may refer their own children and any professional or agency may refer a child (with the approval of the child's guardian). The review suggests that the most frequent sources of referral to integrated day nursery programs are public health nurses, child welfare agencies, general practitioners and parents. Less frequent sources of referral include day nursery programs, child and family intervention services, schools and other social service agencies such as infant development programs.

Information Required

When a child is referred to a day nursery program by a professional or an agency, a referral application must be completed in many instances. Although the amount of information and the nature of the information may vary from program to program, certain kinds of information tend to be requested fairly consistently by integrated programs. Included are demographic data, reason(s) for referral, areas of developmental delay and a description of behavioural problems and family functioning. Referral sources are often asked to provide details on assessments which they have completed, as well as an indication of assessments completed by other agencies. In cases where the centre is municipally operated, the information tends to be sent to the relevant municipal department; in other cases it is sent directly to the day nursery program supervisor.

Parent Involvement

Parent involvement during the intake process is a key consideration for integrated programs. It is essential that the parent be fully aware of the nature of the program in which their child is being enrolled.

Initially, the means of involving parents may vary. Parents may be the referral source and be involved from the outset. Parents may be using another agency which makes the referral, usually with the parents' consent. Under most circumstances, parents sign consent forms which permit referring agencies to share case information concerning the child and the family. Similarly, the day nursery program, usually in the initial stages of its contact with the parents, obtains parental consent to share information with other agencies and professionals. Some programs continually update parents and re-confirm their consent regarding contacts which are initiated between the integrated programs and other agencies or professionals.

The principle that many programs appear to employ is that optimal parent involvement and awareness should begin at intake and continue throughout the child's enrollment in the program.

Home visits play an important role in ensuring parent involvement. Program supervisors and/or resource teachers may ask to visit the family in their home prior to enrollment. This visit permits program staff to get to know the parents and child in a familiar environment. It also gives staff an opportunity to assess the parents' willingness to participate as "partners" in the integration program. The visit is also used to assess the child's play skills, his awareness of the environment and whether he can function without the constant direction of an adult.

In addition to a home visit, parents are often encouraged to visit the centre before a decision is made as to whether the child will be admitted. This gives parents the opportunity to discuss the program with staff and to air their own concerns regarding how their child will fit in.

Admission Criteria

A number of factors are consistently taken into account by programs admitting children experiencing special needs. An age criterion is applied by many programs. Most programs reviewed in this study require that a child be between the ages of three and five. Although a few programs accept children as young as one year of age or as old as ten, these instances seem to be rare.

A child is required to have a medical examination prior to enrollment in any day nursery program. In some cases, children with extensive medical and/or physical problems are not accepted by integrated programs. For example, this may occur when an integrated program is located on the first and second floor of a building, thereby making it difficult for a child in a wheelchair to move about freely or placing the child at risk in emergency situations such as a fire. In circumstances such as these, children tend to be referred elsewhere. This becomes a significant issue in communities where another integrated day nursery program may not be readily available.

Transportation is another factor which influences the decision to accept a child into an integrated program. In some cases, parents are responsible for ensuring that the child is transported to and from the program. If the parents are unable to make transportation arrangements, the child won't be admitted. Other programs will only admit children who live within a certain radius of the program. For example, a criterion for acceptance may be that the child lives within a 40-minute drive.

As previously noted, most programs stress that parental involvement is essential to effective integrated programming for children. In some cases, this philosophy is incorporated into the criteria for acceptance into an integrated program. For example, one program's criteria for admission require that a child's parents agree to the partnership required for a successful integration program. Other programs stress the desirability of parental involvement. Parents are encouraged to participate in planning the child's program, attend workshops or seminars related to child development and review their child's progress in the integrated program. Generally, although each program identified parental involvement as an important component for ensuring effective programming, children were not prevented from enrolling in a program when parental participation could not be sustained. There appears to be a clear understanding among program supervisors and staff that it is not always feasible to expect parent involvement.

Continued involvement on the part of the referring agency is considered a prerequisite for admission to some programs. For example, a referring agency might be asked to provide program consultation and review the child's progress after a pre-determined length of time. In addition, prior to admission, the referral source is sometimes asked to assume responsibility for finding an appropriate alternative service should the integrated program be unable to meet the needs of the child.

Finally, a number of integrated programs, due to their philosophy of service, their reputation for effective programming, the limited number of similar programs available or a combination of these, receive an unusually high number of referrals for handicapped children and children experiencing special needs. In order to ensure that a balance is maintained between these children and the regular enrollment, several programs have established a mechanism to monitor their acceptance. One example of this occurs at the Hespeler Pre-school Education Centre in Cambridge. A teacher is assigned responsibility for maintaining a regular pre-school environment for the children. She monitors applications to the school and advises the supervisor on whether or not the addition of a child experiencing special needs will significantly disturb the balance between normal children, handicapped children and children experiencing special needs.

C. Programming

This section discusses three aspects of programming for children in integrated day nursery programs:

- screening and assessment
- program development and execution, and
- program monitoring and evaluation.

It also identifies who is responsible for carrying out these procedures. Staff in designated integrated programs who carry out these responsibilities are called resource teachers in accordance with day nurseries legislation. In non-designated integrated programs resource teachers may not be available. However, program staff carry out screening, program development and monitoring activities with support from outside agency staff. The term resource staff is used throughout the rest of this paper to refer to both resource teachers and other agency staff who provide these support services. The program procedures discussed below apply to all handicapped children enrolled in these programs. In some cases, they apply to children perceived to be experiencing other special need. A few programs apply the procedures globally, although specific attention and more staff time tend to be given to handicapped children and children experiencing other special needs.

Screening and Assessment

Screening and assessment procedures tend to take place during the first month of a child's enrollment. Ongoing assessments are then carried out while the child is in the program. Information is gathered from a variety of sources, and in different ways.

Generally, integrated programs welcome formal assessments from referring agencies as a key source of information about children. In some circumstances, assessment information is communicated through written reports. Other programs identify case conferencing as a primary means of obtaining and discussing the results of assessments.

Screening and assessment procedures are carried out by individual day nursery programs to increase their own knowledge about a child enrolled in their program. They provide staff with information concerning the child's strengths and needs and an opportunity to assess the child's needs within an early childhood education setting. Having collected this information, staff are in a better position to develop a plan of action for the child.

Screening procedures are not used extensively by the programs reviewed. When employed, techniques such as the Denver Pre-screening Questionnaire and the Portage Checklist are used upon the child's entry to the program. If developmental lags are identified, the child is re-checked. Should the lags remain, a more intensive assessment procedure is undertaken. A number of programs have developed, or are in the process of developing, their own screening tool for children based on their experience of what seems effective in identifying children experiencing a special need and children at risk.

Among the assessment tools used by the integrated program, the most popular tend to be the Denver Inventory Scale for Children (DISC), the Brigance and the Australian Child Development Record. These assessment tools tend to be used selectively when a child is perceived to be handicapped or experiencing another special need.

A number of programs incorporate dental and vision checks into their screening procedures. Sometimes, public health nurses administer both checks. Public health dental clinics are also used. In one program, parents may have their child's vision checked by a local optometrist who has volunteered his services.

In some instances, language tests are administered to identify children who might require help. Some programs have speech therapists on staff to do the testing, but this is not common. Others call speech therapists from local treatment centres. In some programs, a teacher is responsible for auditory and articulation screening of children suspected of having a hearing or speech problem. If a speech pathologist is required, parents are advised to ask their family doctor to arrange a referral.

When a child is experiencing a problem which seems to require expertise other than that available in the centre, the child is referred for outside consultation. Generally, the parents are notified and advised to obtain a referral from the family doctor for an assessment. In some cases, the parents make the referral themselves. In still others, a staff member from the integrated program does it for the parents, with their consent.

The extent to which integrated programs have "connected" with community agencies often determines the ease with which these agencies can be called on for support. Some programs have established successful working relationships with numerous agencies and professionals in the community. They work with day nursery program staff to help families resolve the problems they may be experiencing and to provide the necessary professional assessments to the program. Where integrated programs are affiliated with other organizations such as a local Association for the Mentally Retarded (AMR), a Crippled Children's Centre or Rotary Club, handicapped children in those programs have access to any of their consulting services for the purpose of assessment. Some communities offer unique resources to assist with assessments in day nursery programs. (These are discussed in Part IV.)

Finally, as noted earlier, home visits provide a useful opportunity to observe children in their own environment, review strengths and assist in determining functioning levels. They also enable staff to get to know the parents and involve them later on in developing a program plan for the child. Many programs noted that home visits have made them particularly effective in identifying the needs of children and implementing effective programs.

Program Development and Execution

This section of the paper addresses two processes. The first, program development, relates to plans of action for individual children, groups of children and individual teachers. This discussion will focus primarily on the development of individual program plans. The second, program execution, relates to the means by which those plans are carried out, within a number of different contexts.

1. Program Development

Individual program plans (IPPs) are personalized plans of action. Developed for individual children, these plans are reviewed and modified at specified intervals throughout the year. Typically included in a plan are the child's strengths, weaknesses and long-term goals.

Some programs develop these plans for every enrolled child, others provide them only to handicapped children, and still others develop them for handicapped children and children experiencing other special needs. Regulations under the Day Nurseries Act require that, for all "funded" handicapped children enrolled in a group program, a written individual program plan and a written individual training/treatment plan be prepared. Whoever else gets a plan is generally determined by staff attitude regarding the importance of such plans and the time they have to spend on this task.

Individual program plans are developed after the initial assessment process is completed and the functioning level of the child has been established. The means through which they are developed indicate some similarities of approach as well as some strategies unique to individual programs. Both are described here.

Over half of the programs meet with parents to review their child's assessments and to establish goals which are then incorporated into the IPP. Resource staff tend to meet regularly with parents thereafter to review and modify these goals. Regulations under the Day Nurseries Act require that the individual program and treatment plans of handicapped children be reviewed with the child's parents following each revision.

All programs in the survey use outside consultation when developing IPPs. For example, the program supervisor and/or the resource staff will discuss with the referring agency what it wants, what the day nursery program wants and what the child needs. Some programs, together with the referring agency, re-evaluate the IPP after a period of time to ensure that the child is settling in and that his needs are being met. In some cases, goals are modified or the agency must refer the child to a more appropriate program.

Assistance from outside resources other than the referral source is often sought as well. These agencies or professionals may have been involved with the child prior to his enrollment or may have been asked by the program to assess the child. Some programs organize a case conference to acquire advice from outside resources. In other cases, resource teachers meet individually with them to identify and/or review goals.

A number of programs are particularly dependent on a single resource in the community for assessments as well as suggestions regarding IPPs. For example, programs in Toronto use a municipal psychologist or a public health nurse from the Board of Health. If the IPP does not seem effective, other referrals are made subsequently. In Sarnia-Lambton, day nursery programs in rural areas depend on a travelling consultant provided by the Sarnia-Lambton Centre for Children and Youth. Another interesting strategy has been put into action at Confederation College, Children and Family Centre. When necessary, an "intervenor" is acquired to work on a one-to-one basis with a child to help him make the transition to the integrated program. In some cases, the intervenor may be supplied by the referring agency. Funding to hire an intervenor might also come from the Ministry or an organization such as the Canadian Hearing Society. In any case, the "intervenor" plays a key role in providing input for the child's IPP.

In most programs, resource staff play a particularly significant role in developing IPPs for children who require them. They coordinate input from parents, outside resources and program teachers into a final program plan. In Peel Region, resource staff from municipal programs meet as a group, when necessary, to discuss specific children and develop a program plan.

Some programs adopt a cooperative approach to developing IPPs. The supervisor, resource staff and other teachers may meet regularly to exchange information regarding each child's program, review progress and modify the IPP as required. This kind of approach is particularly useful in that it ensures consistency of expectations on the part of all staff. The extent to which IPPs are developed cooperatively with all staff seems to vary from program to program, depending on the attitudes of the supervisor and resource staff the willingness of staff to become involved and the availability of time.

In another approach to developing IPPs, adopted by Play and Learn in Toronto, a "primary teacher" is assigned to each child in the program. The teacher is responsible for completing an observation form developed by the program and using this information to develop an IPP. The teacher completes one of these forms three times per year.

Some programs have resource staff who are responsible for developing IPPs solely for handicapped children. When other program staff feel that IPPs are required for children experiencing other special needs, they assume responsibility for developing them, sometimes with minimal experience or expertise to support their efforts.

2. Program Execution

Individual program plans can be executed in various contexts and in a number of different ways. Plans can be implemented using a one-to-one arrangement with the child, in a separate group program within the general early childhood education program, within the general program and at home. In a few cases, a child must leave the day nursery program to receive a service from another agency or professional.

Generally, programs indicated that their preference was to accommodate the handicapped child and/or the child experiencing other special needs within the general program. To accomplish this, objectives from the IPP are incorporated into the group activities and routines. Within the group, the developmental needs of the regular children, as well as needs of the handicapped children and children experiencing other special needs, are served. In this kind of setting, the normal enrollment provides models and, at times, tutors for the handicapped children and children experiencing other special needs.

A number of integrated day nurseries operate group programs within the general program. Usually, normal children, as well as handicapped children and children experiencing other special needs, may participate in these programs. In some cases, responsibility for running the program is assigned to one teacher, in others, responsibility rotates among teachers. An example of this kind of program is the Emotion Group offered by Hespeler Pre-school Education Centre. The group is small, usually with four to six children. Normal children, as well as handicapped and/or children experiencing other special needs, participate. The teacher has a written program outline which is implemented flexibly, depending on the problems at hand. Children learn the vocabulary necessary to express their emotions, discuss their feelings and role play. A second example is provided by Play and Learn Nursery in Toronto. A gross motor program has been designed that incorporates the needs of all young children in a setting that can serve the specific needs of handicapped children and children experiencing other special needs. Essentially, the program reinforces the importance of physical activity for all children involved.

Under some circumstances, IPP objectives are met on an individual basis, away from a group setting. Given the limited staff numbers and the ensuing time pressures, one-to-one arrangements are not often used. A number of programs have developed strategies to overcome the obstacles to working with a child on a one-to-one basis. For example, when a program teacher is working with an individual child on a one-to-one basis, her regular responsibilities can be assumed by the resource staff. If a resource staff is not available, this solution becomes problematic. Some programs recruit volunteers who are assigned to a child or a small group of children. The volunteer gets to know the children and is trained by local organizations or a professional to work with children on a specific developmental lag, such as speech and language, for example. Another strategy assigns the resource staff responsibility for presenting tasks from the IPP to the child on a one-to-one basis at specific times during the day.

The programs considered it essential that there be consistency between the day nursery program and the home. In many cases, the resource staff ensures this consistency by providing parents with written programming objectives. While the objectives may vary from those in the child's IPP, depending on the capacity of the parent(s) to contribute, they are, nonetheless, consistent. In one interesting example, a parent, with guidance from a resource staff and a social worker from the regional Health and Social Services Department, participated in a three month project designed to teach parents to change negative behaviour in their children. Using charts, checklists and video equipment, she successfully altered her son's behaviour.

Finally, some children require that specialized resources be used to meet objectives in their IPPs. Ideally, these resources would be brought to the day nursery program or to the home. Staff shortages, distance and the need for special equipment prohibit this in many circumstances, however. Where parents and/or the child must visit a specialized resource outside the program, staff try to accompany them, if requested to do so. Sometimes staff or volunteers from other organizations are available to meet this need. For example, in Oshawa, where a case coordination program is in place, staff from that program may be available to accompany the child or parents, depending on their involvement in that particular case.

Program Monitoring and Evaluation

Program monitoring and evaluation are discussed here from two perspectives. Integrated programs are monitored and evaluated at a general level to determine if they are meeting their objectives, to identify problems and to suggest modifications. The means by which these evaluations are carried out are described below.

Within the larger program, individual program plans are also monitored and evaluated for similar reasons. Most integrated programs consider it essential to measure and record regularly a child's progress in meeting the objectives outlined in his IPP. This provides an opportunity to identify any problems and ensures that needs are being appropriately met. The means employed by different programs to accomplish these tasks are also described in this section.

1. The General Program

For licensing purposes, all programs are reviewed by Program Advisors (Early Childhood Education Consultants) from the Ministry. The purpose of these reviews is to ensure that programs are operating according to the regulations in the Day Nurseries Act. Program Advisors are also available to give suggestions or advice concerning programming techniques, new toys and equipment, and program administration.

Apart from the reviews carried out by Program Advisors, programs tend to monitor and evaluate their programs differently. Where a program is affiliated with another organization, such as a local Association for the Mentally Retarded (AMR) or the Ontario Crippled Children's Centre, members of that organization's staff will evaluate the program, usually on an annual basis.

In most instances, a team approach is used to monitor and evaluate the program. This approach tends to be more or less formal, depending on the program involved. Regular staff meetings and student sessions enable staff to review program objectives and evaluate how effectively they are being met. The opportunity for this kind of open discussion seems to be particularly useful when integrated programs first begin operation. In some day nurseries, parents are also asked to evaluate the program according to what they perceive to be the important feature of an integrated day nursery program.

While most day nurseries indicated that evaluations were carried out regularly, information concerning the nature of the evaluation, the process involved, the kinds of information collected and the uses to which this information was put, was not always obtained or available.

2. Individual Program Plans

In most day nurseries, responsibility for monitoring and evaluating IPPs lies with the resource staff should one be available. Except in a few programs, she tends to use program staff to support her efforts. For example, many integrated programs have designed their own progress reports. Program teachers use these reports to record objectives, activities that assist the child to attain these objectives and progress. The resource staff then becomes responsibile for coordinating the information on the chart and recording it in a final summary report. Several programs indicated that teachers also use daily logs to monitor the progress of each child. The frequency with which these kinds of progress reports are completed varies from program to program, and ranges from two to eight weeks.

Staff meetings are also used to discuss the progress being made by individual children and to plan the child's program based on this evaluation. Essentially, this involves a process whereby objectives are established, reviewed and modified cooperatively by the child's teachers, the resource staff and the supervisor.

All the integrated day nurseries indicated that parental input was obtained regarding children's progress in the program. Most programs seemed to rely on regular, informal discussions with parents for this purpose. In a few cases, parents were requested to keep logs of their child's daily progress at home or to attend regular meetings designed to give them an opportunity to evaluate their child's progress.

Program Staff Responsibilities

This section of the paper describes who is responsible for carrying out the activities described in the previous three sections. Essentially, these responsibilities are assumed by people in three different staff positions -- the supervisor, the resource staff and the program teacher. It should be kept in mind that not all programs are identically structured. In some programs, an assistant supervisor may share some of the supervisor's responsibilities. Also, teachers in the same program may be categorized differently to reflect different levels of expertise and/or responsibility. Finally, the resource staff's roles may vary from program to program. In some programs, a resource staff has responsibility for handicapped children only. In others, her responsibilities tend to extend to the broader population of children experiencing other special needs. Further, some resource staff are not considered part of the day nursery program staff. They may be employed by the local AMR or local agency. In both circumstances, there are dual reporting relationships to the program supervisor and to the affiliated organization or local agency. In the non-designated integrated programs reviewed, there is no resource teacher. While other resource staff are sometimes available, often supervisors and teachers assume resource teacher's responsibilities.

1. The Supervisor

Generally, the supervisor has total responsibility for the centre. She coordinates and administrates the program, provides staff with support and direction, gives parents information concerning the program, and establishes and maintains links with community agencies and organizations.

In many programs, the supervisor is closely involved in programming for handicapped children and/or children experiencing other special needs. Often, she reviews referrals along with the resource teacher. In some cases, the supervisor initiates the first contact with parents and the referring agency to set up home visits and agency visits. She may accompany the resource teacher on the first of these visits in order to provide information about the program, obtain background information regarding the child and family and provide information about needs testing, should the family request it. Many supervisors also participate directly in developing, reviewing and modifying IPPs. In most programs, reports on individual children, including pre-admission reports, initial reports, individual program plans and termination of service reports are reviewed and approved by the supervisor, as are group teaching plans. In some programs, such as private and non-profit centres, children are admitted based on the supervisor's recommendation. In others, particularly some municipal programs, the supervisor's recommendation is forwarded to the municipal Director of Children's Services for final approval.

2. The Resource Teacher

The resource teacher's responsibilities involve a variety of activities, both internal and external to the program. In some programs, these activities relate solely to handicapped children. In others, the resource teacher works with a broader range of children, including those experiencing special needs. For the most part, resource teachers work very closely with other staff members, to the point where they actually exchange roles from time to time. In a few exceptional cases, the resource teacher works independently of other teachers.

As previously noted, resource teachers may carry out initial home visits and referral agency visits in the company of the program supervisor. In some cases, she does this alone. Once the resource teacher is responsible for weekly home visits, during which she provides support and guidance to parents, demonstrates teaching skills and encourages parents to continue working with their child.

Responsibility for assessment, pre-placement reports and individual program planning lies primarily with the resource teacher in most of the programs reviewed. However, the strategies employed vary from program to program.

Many of the resource teachers use regular teachers to supplement their own activities. For example, while the resource teacher may be responsible for producing individual program plans, the regular teachers provide information relevant to the plan. In the Malton Child Development Centre, the resource teacher meets regularly with the teachers of each developmentally handicapped child to discuss the child's progress and to plan the child's program for the coming month. The resource teacher is responsible for coordinating the information and preparing the final Progress Summary Report that staff use when planning programs. Input from all the teachers makes the process much more reliable and efficient.

The resource teacher often acts as a key resource to regular staff and the supervisor. She may assume a training role within the program, presenting information on handicapped children or children experiencing special needs who will be entering the program, conducting training sessions on teaching tools and new techniques, and providing direction on incorporating individual program objectives into the regular activities of the day. Some resource teachers assume this role on a more or less informal basis. Others organize regular staff meetings which provide a forum for this type of exchange.

Many resource teachers assume primary responsibility for keeping in touch with other community agencies that provide service to children in their program. Some feel that this places them in an ideal position to coordinate services for handicapped children and children experiencing special needs. As a result, they become involved in coordinating information exchange, organizing case conferences when required and, in a few cases, attempting to minimize service duplication by encouraging cooperative program development, resource sharing and treatment planning.

3. Program Teachers

Like resource staff program teachers also play different roles, depending on the program which employs them. As noted earlier, some program teachers supplement the work being done by the resource staff. These teachers observe the child's functioning levels, implement screening tools such as the Portage Checklist, work in conjunction with the resource staff and supervisor to develop, review and modify IPPs and participate in evaluating the program generally.

Program teachers are often responsible for integrating the objectives of the IPP into the regular program. In some cases, their roles are more specific than this. The "primary teacher" concept, mentioned earlier, is one example. Program teachers from the Play and Learn Centre in Toronto are assigned primary responsibility for particular children. They complete observation forms, carry out regular reviews every six to eight weeks and develop IPPs for each child assigned to them. Teachers seek input from parents as well as any specialized resources required. The teachers also meet monthly as a group to plan and develop curriculum. In addition, teachers are responsible for updating a master list of children and their therapeutic contacts. As additional needs are identified, contacts are added to the list.

At the Hespeler Pre-school Education Centre, program teachers are assigned responsibility for sub-programs within the regular pre-school program. Included are kindergarten readiness, gross motor and self-awareness, an emotion group and a language group. Other roles assigned to individual program teachers include responsibility for all students on placement at the Centre, and monitoring and maintaining the integrity of the normal enrollment in the program by ensuring a balance between regular children, handicapped children and children experiencing other special needs.

In the programs where staff do not assume responsibility for children experiencing special needs, this role tends to be assumed by regular staff. Program teachers may complete Portage Checklists, contact specialized resources if required, participate in case conferences and develop and monitor IPPs for children who appear to be lagging in certain developmental areas.

CHAPTER 3

PROGRAM EFFECTIVENESS, PROBLEMS AND ISSUES

A. Effectiveness

During the review, integrated day nursery programs were asked several questions designed to identify aspects of their programs which they felt made them particularly effective in meeting the needs of handicapped children and their families as well as children and families experiencing other special needs. Some of these features have been identified in previous sections. They are reiterated here, in slightly greater detail, because day nursery programs feel they deserve particular attention. The responses, summarized below, focus on four specific considerations: staff, programatic characteristics, specialist and support services and coordination.

Staff

All of the designated integrated programs emphasized the importance of staff attitude to an affective integrated program. They pointed out that when staff are committed to the principle of integration they show a greater willingness to learn, to plan and to execute programs for individual children and their families. In some cases it was noted that the lack of recognition and support for their role makes this sense of commitment all the more essential.

Most programs also discussed the availability of learning opportunities for staff. While they suggested that staff required additional and/or ongoing training, these programs noted that the training which had been made available to date was very useful.

Training opportunities presented themselves in different ways across the programs. In some cases, specialists visit the centre to conduct workshops or seminars. In one interesting example, a speech therapist visits a program to train teachers and volunteers who subsequently work with the children on a day to day basis. Staff from a number of integrated programs visit other centres. In some cases they are resources to regular day nursery programs. This tends to extend and reinforce the skills staff have already developed. They also visit other integrated or segregated programs as a means of learning new skills. One centre, recognizing that additional staff education resulted in a much stronger staff component, established a regular and formal staff training program. This same program established a resource library which makes information readily available to staff as well as parents and other community agencies. Other centres depend on their resource staff to provide information concerning child development, different handicapping conditions and various strategies for serving handicapped children and children experiencing special needs.

While a number of the programs in the sample had been integrated from their inception, many became integrated several years later. These programs noted that it is important to make staff aware of plans to become integrated. For example, some programs pointed out that staff were prepared a year in advance for integration. They were given information regarding the integration process, what the expectations would be for staff and the kinds of supports that would be available.

This approach gives staff an opportunity to adjust to the idea, work out any problems they may have with the concept and, in some cases, be more involved in the development of the program.

Program Characteristics

Many of the program characteristics that are perceived to contribute to a program's effectiveness are distinct to individual centres. A few, identified more frequently than others, are described first. They are followed by a summary of the more distinctive characteristics.

Most programs suggested that it was very important to integrate IPPs into the total program. They stressed the need to make children a part of the regular program whenever possible, thereby encouraging interaction with peers and minimizing the tendency to label. Specific strategies for encouraging and supporting this kind of interaction were not described in detail, however.

Many programs noted the significance of home visits as well, pointing out that home visits tend to create a sense of continuity and consistency between home and school. Coupled with the need for home visits was the positive impact of parent involvement. It was generally agreed that parents who visit the centre, who help develop IPPs and who execute programs at home contribute to a more effective overall program for their children.

Adopting a team approach to program planning and implementation was cited as a significant contributor to program effectiveness as well. Team work includes all early childhood educators in developing program goals and objectives and involves all staff in implementing and reviewing IPPs.

Other program characteristics that are believed to contribute to effectiveness were specific to only a few centres or to an individual centre. Some centres felt that a high ratio of adults to children was an essential feature of their program. These ratios were maintained in different ways, for example, recruiting volunteers to work regularly with children. One program has obtained funding from a local non-profit organization to hire a volunteer coordinator to recruit and organize volunteers. In another example, a program receives funding from the United Way in order to hire three staff, in addition to the number of staff required under the Day Nurseries Act. This permits staff to work with smaller groups of children to implement more effectively IPPs for children experiencing special needs. In community college settings, laboratory schools depend on students to maintain high ratios. An "intervenor" strategy, noted earlier, uses volunteers or staff members supplied by referring agencies or affiliated organizations to work with handicapped children or children experiencing other special needs on a one-to-one basis while the children make the transition into the integrated program.

A second characteristic which is believed to determine program effectiveness has to do with grouping children. A number of programs use what they refer to as family groups for organizing older children in their centre. Based on a European model, these groups integrate children between the ages of two and one-half and five years. This approach provides children with an opportunity for role modelling, learning a sense of responsibility and tolerance for one another.

Finally, one centre divides its program into sub-programs including a kindergarten readiness, a gross motor and self awareness circle, an emotion group and a language group. The programs tend to be fairly small. The first three are integrated, while the language group uses a teacher, students and volunteers to work individually or in a small group with children experiencing speech difficulties. The sub-programs provide useful role modelling and learning opportunities for children while, at the same time, giving teachers a greater sense of individual responsibility for the overall program.

Specialist and Support Services

All integrated programs in the sample indicated that specialist and support services play a particularly important role in ensuring their program's effectiveness. In particular, they noted resources that are available to do assessments, to help with individual program planning, to provide direction with regard to referrals and to work with individual children should this be required.

Programs emphasized the importance of knowing what support services exist in the community and establishing good lines of communication with these services. Generally, the importance of communication with specialist and support services could not be overstated. Some day nurseries organize case conferences at the outset of a child's enrollment in another program. This provides the opportunity for a full discussion of concerns and of the treatment program to be followed. In some cases, when a child is enrolled in another program, staff from the centre visit that program and request that the program's staff visit the centre. It was pointed out that this encourages cooperative planning and service delivery.

Several integrated programs attributed their effectiveness, in part, to the availability of specialist and support services whose mandate focussed specifically on day nursery programs. For example, the consulting psychologist for the city of Toronto Public Health Department was described as an invaluable asset to the day care system. Similarly, programs noted ready access to services such as the Behaviour Modification Program in Oshawa, the Sarnia-Lambton Centre for Children and Youth Nursery School Resource Consultation Program, and the West End Creche Day Nursery Consultant Service in Peel and Toronto. These specialized resources helped give integrated programs, particularly those without a full time resource teacher, a sense of confidence and support in providing services to handicapped children and their families and to children and families experiencing other special needs.

Finally, service coordination was singled out as an important contributor to effectiveness. Coordination efforts are fairly diverse. While a few centres assume this responsibility themselves, in many cases they rely on a specialized resource to ensure that the service system responds appropriately to children's needs. Integrated centres in Durham region, for example, indicated that the Durham Case Coordination Program for Preschool Special Needs Children plays a significant role in maintaining the effectiveness of integrated day nursery programs in that community. The centres know that they can rely on the case coordination program to provide information, assist in obtaining services from specialized resources as required, help resolve problems and generally provide support. They are also assured that if they are unable to serve a child appropriately, the coordination program assumes responsibility for ensuring that the child receives needed service elsewhere.

B. Problems/Issues

The integrated day nursery programs were asked to help identify problems they confront in delivering services to handicapped children and children experiencing other special needs. The interview included issues such as the integration process, service delivery, obtaining case information and linking with specialized resources. The problems identified by the programs are described according to three categories:

- problems within the day nursery programs
- issues related to the day nursery system generally, and
- problems outside the day nursery system.

Some of these problems apply to all integrated programs. Others are specific to "non-designated" or "designated" integrated programs; these distinctions are made where relevant. In some cases, problems are interrelated, resulting in overlap between categories.

Issues Within Day Nursery Programs

Most staff indicated that the internal process of establishing an integrated program was fairly smooth. Some common difficulties were experienced however. In a few cases, staff were rather skeptical regarding the extent to which they could actually help handicapped children. For example, while recognizing that integration helps other children accept handicapped children, they questioned the extent to which handicapped children could benefit from interaction with non-handicapped children. These kinds of attitudinal barriers had to be addressed over time.

Other programs felt that integrated programs seem to be breaking new frontiers. They noted that much of the process was new to them. For a long time they engaged in many hit and miss strategies with little information or direction to rely on. This kind of situation can leave staff feeling isolated and without support.

Aside from the internal process of becoming an integrated centre, a number of other common issues were identified. One frequently cited concern had to do with the client focus of integrated programs. Half of the "designated" integrated programs indicated that their original focus -- children and families experiencing other special needs -- had changed. Often, working with handicapped children all day leaves staff with minimal energy to work with children experiencing other special needs; they found this particularly frustrating. A number of "non-designated" integrated programs indicated their concern that becoming a "designated" integrated program would have a similar impact on their own programs.

Other risks were also mentioned in relation to becoming a "designated" integrated program. Some integrated programs worried that labelling would become a problem. They suggested that "non-designated" integrated programs are often viewed as much more normal environments and there is less tendency to segregate children for programming purposes. It was also pointed out that by becoming a "designated" integrated program, they may risk the financial penalty of having regular children drop out of their centre.

A third risk identified by a "non-designated" integrated program involves funding from non-profit organizations. In this particular example, a program was concerned that if it becomes a "designated" integrated program, funding from the United Way for additional staff would be discontinued. If this were to happen, the ability of the program to serve children and families experiencing other special needs would be severely hampered.

An interesting point raised by a number of "non-designated" integrated programs is that they view themselves as fully integrated. These programs have been operating for some time, serving both handicapped children and children experiencing other special needs, as the need arises. They are convinced that neither the children in their programs nor the centre would benefit from being a "designated" integrated program.

Both designated and non-designated programs noted that it was virtually impossible to meet the needs of a child who requires the attention of one staff member all the time. Severely handicapped children or children who are behaviourally disruptive were cited most often as children who might not be accepted in a program because they require a one-to-one worker. While volunteers are sometimes successfully recruited to assume this role, it was described as a difficult one requiring experience, expertise and more time than volunteers may have to give.

A number of integrated programs expressed concern that many of the "extra" services, such as individual program planning, apply only to handicapped children and, in a few cases, children experiencing other special needs. From an early intervention perspective, they noted it would be useful if these practices applied to all children. At the same time they pointed out that the number of available staff makes this impractical.

The transportation issue received a significant amount of attention during the review as well. Some programs noted that their transportation budget is provided by an outside, non-profit organization. They worried that these organizations are under no obligation to provide funding and that their programs would face closure, should funding be discontinued. A number of programs also pointed out that travel costs for resource teachers are fairly high and are not being adequately covered under the travel budget.

Sharing and obtaining information concerning enrolled children does not appear to be a problem for most day nursery programs in the study. All programs are aware of the need for strict guidelines related to receiving and sharing information concerning children. A few programs noted that the amount of information to which a day care centre has access varies, depending on the professional or agency involved. Examples where there seemed to be a reluctance to share information included doctors or hospitals. Similarly, doctors were sometimes reluctant to include day nursery staff in case conferences. A somewhat related problem was described: a local hospital charges the program a $15.00 fee for any assessment reports on children enrolled in their program. However, if the request goes through the local public health nurse, no fee is charged.

Issues related to staff training opportunities were also identified. A number of programs noted that many staff have little or no training relevant to serving handicapped children and children experiencing other special needs. Centres suggested that academic programs should include this kind of training as a component of the regular curriculum. More important still appears to be the opportunity to participate in ongoing training activities while in the workplace. While these opportunities exist, they are often limited by cost and tight program schedules which prohibit staff attendance.

Finally, a majority of programs noted that some children require more involvement than staff's paid time allows. Staff feel a sense of frustration and pressure as well as a minimal sense of support as they find themselves working long overtime hours with minimal or no reimbursement.

One or two programs raised additional problems. The need for after school programs was noted. "Non-designated" integrated programs also mentioned the lack of time to make home visits, a component of the program that is considered particularly important when serving handicapped children and children experiencing special needs.

Issues Within the Day Nursery System

Integrated day nursery programs identified a number of issues which focussed on the day nursery system generally.

One of their primary concerns is that funders understand that handicapped children and children experiencing other special needs are part of a continuum. Depending on where children are on this continuum, their service requirements within the day care system will differ. Integrated program staff emphasized their concern that these different service requirements need to be recognized and that funding and support services should be made available in the community to meet these requirements. It was noted that support services should be available at home or be provided to children in a regular day nursery setting wherever possible.

A related issue, raised by many of the programs was the problem of obtaining funds for children not labelled as physically handicapped or mentally retarded. The programs worried that they could not hire appropriately trained staff to do early identification and to work with children experiencing special needs, nor could they buy extra equipment without additional funds. In most cases this means that the services provided to handicapped children, such as assessments and IPPs, are not as readily accessible to children who may be experiencing a special need. In some cases, local agencies such as a child and family intervention services provide assessment or program planning to the day nursery program. Where such an outreach service does not exist, the children go without or are placed in a day treatment program.

A number of programs also drew attention to the fact that their municipality has no purchase-of-service agreement with their program. As a result, there is no subsidy available for handicapped children or children experiencing other special needs who wish to enroll. This is particularly significant for low income families. In some cases it means the handicapped child is enrolled in a segregated program where funding is available. In other cases the child may enroll in the regular or integrated program. However, the day care providers may charge them fees below those which would cover the expenses involved, for fear of losing the child or making day care inaccessible to the child altogether.

Some programs pointed out that becoming a "designated" program is not a smooth process. While programs generally praised Ministry officials for their support and cooperation, in some cases reportedly poor communication and inaccurate information at the outset caused frustration and increased anxiety for day care owners and staff.

While a number of programs could see no benefit to becoming a "designated" integrated program, a few "non-designated" programs indicated they were interested in doing so. These programs had approached the Ministry and in some cases were told funding was not available for establishing more integrated programs at this time, and in other instances had not received a response to their inquiry. Other programs had no idea how to become a "designated" integrated program should they choose to do so.

Both designated and non-designated centres noted that the Ministry offers very few incentives for integration. In one case, no additional funding was provided to hire a resource teacher to work with handicapped children. Consequently, a person already on staff had to be used. This placed additional pressure on staff who now had to handle programs for regular children and children experiencing special needs with less help than before. It was also pointed out that many commercial centres would be particularly reluctant to assume additional responsibilities for handicapped children and children experiencing other special needs without some kind of remuneration.

Generally, there were few comments about after school programs for children experiencing special needs. It is not clear whether this is not a problem in their community or whether they simply had no knowledge of the issue. Centres which had identified after school care as a problem had established after school programs but then found they had insufficient funds and staff to meet the community needs. Some noted that many children enrolled in after school programs are referred by the school or the CAS. Often, parents are unable to pay the fees. Due to lack of funding, untrained staff or volunteers maintain the program, limiting the numbers who can be accepted and, in some cases, the quality of the program.

A final issue raised during the review concerns the Ministry's intent to tie funding to the actual program enrollment. It was pointed out that this approach causes fees to increase, thereby reducing the number of regular children in integrated programs. At the same time, in order to continue operating, programs felt they would have to increase their enrollment. They worried that this would mean accepting more handicapped children and children who are eligible for subsidy, many of whom experience other special needs. Under these circumstances, the integrity of the integrated program is eventually lost.

Issues Outside the Day Nursery System

A number of problems were identified which relate to factors over which day nursery programs and the day nursery system have little control. These problems tend to focus on access to specialized resources, professional attitudes and liaison with other agencies. They are summarized below.

Several programs indicated that their location prohibited easy access to specialized resources. This was particularly true in rural areas and northern communities. While these programs pointed out that the resources are cooperative, they noted that distance and hours of service were not necessarily compatible with the needs of families and day nursery programs. As a result, children requiring such services must travel long distances, sometimes involving a two or three day trip. Also, specialist and support services do not visit the centres or visit them infrequently.

Even where specialized resources are accessible, most integrated programs worried that assessment services are in short supply. Furthermore, few specialized resources provide treatment services to children under four years of age. Those that do generally have long waiting lists. As a result, children often leave the day nursery program before help can be obtained for them. The availability of speech therapists to work with children was frequently cited as a problem for integrated programs.

Many integrated programs indicated that they had, over time, established good working relationships with most of the specialist and support services in their community. This meant they felt free to consult with them regularly either in person or by telephone. However, a few programs complained that the attitudes of some specialized resource staff are not always favourable. Specialists questioned the ability of early childhood educators to assist in delivering services such as speech therapy, for example. Specialists were perceived as reluctant to share information and as unwilling to include day nursery staff in case conferences. Combined with this is the concern that some specialized resources have little or no experience in the field of early childhood education. As a result, their suggestions and plans for individual children may be non-applicable or inconsistent with a day care setting and the objectives of an integrated program. Some programs suggested that, while information exchange and consultation may be frequent, coordinated planning and programming for specific children is often difficult to achieve.

Finally, several programs discussed the problem of family participation. Some programs pointed out that parents of children experiencing special needs are often not motivated to follow through on referrals. As a result, children cannot be designated as handicapped and are not eligible for subsidy. This may result in their leaving the program. A second problem related to family participation is that sometimes specialized resources use family participation as a criterion for providing service. If the family is unwilling to participate some specialized resources will not become involved. The day nursery program is then left to cope with the child on its own.

PART IV

SPECIALIST AND SUPPORT SERVICES REVIEW

CHAPTER 1

ASPECTS OF SPECIALIST AND SUPPORT SERVICES

A. Organizational Characteristics

Program Objectives

The specialized resources reviewed during this study were chosen because they were perceived to support, or to have the potential to support, the day nursery system in serving handicapped children and children experiencing other special needs. (See Appendix 3 for a list of the specialized resources reviewed.) The specialist and support services differ in their purposes and were funded at the time of the review under several legislative mandates, including the Children's Mental Health Act, the Developmental Services Act, the Ministry of Community and Social Services Act and the Child Welfare Act. (With the proclamation of the Child and Family Services Act on January 1985, these services are now all funded under the one piece of legislation.) In some cases, they were designed with the specific objective of providing a previously unavailable service to day nursery programs. In other instances, day nursery programs are among the organizations which these specialized resources serve, mostly because children who have needs which fall under their mandate are also served by the day nursery system.

Despite their different mandates, the specialized resources identified a number of similar or related objectives which are particularly relevant to this study. Their relevance stems from a number of factors. Some are specific to day nursery programs. Other objectives address the need to identify children experiencing special needs as early as possible, the desirability of maintaining handicapped children and children experiencing other special needs in their home community and the provision of services to these children in an integrated setting wherever possible. The objectives are summarized below:

- to provide consultation, diagnosis and treatment
- to assist and promote the provision of appropriate assessment services and coordinate initial and/or supplementary services for the child

- to act as a resource for day nurseries or nursery schools with regard to specific cases or problems

- to help parents/early childhood educators to increase the child's potential for development and learning

- to help maintain handicapped children and children experiencing other special needs at home by offering relevant support, guidance and training to early childhood educators.

Admission Criteria

Half of the programs interviewed indicated that they applied admission criteria to determine whether or not a child was eligible for their program. A criterion identified by three of the programs was that a child be developmentally delayed or at risk of being developmentally delayed. The programs also used age criterion and required that the family agreed to be involved. Only one program identified the extent of the problem being experienced by the child as a criterion for admission.

Organizational Models

The organizational models varied significantly from one specialist and support service to another. In some cases support services are provided by an incorporated non-profit organization. These agencies receive direct funding from the Ministry and are accountable to a board of directors. Other specialized support services are sponsored by community agencies or organizations such as municipal boards of health, a social services department or a local AMR. Often these programs function independently of the sponsoring agency except for administrative (funding) purposes.

Some of the support services indicated that certain features of their organizational model enhance service effectiveness. The two infant development programs in the sample indicated that the direction and support provided by an Advisory Committee were extremely useful. The Advisory Committee, consisting of parents of developmentally delayed children, the program director and a cross- section of relevant and available health, education and social service professionals, creates a sense of community ownership.

A number of support services have, either as part of their agency's staff or on a consultative basis, ready access to physiotherapists, speech therapists, pediatricians and psychologists. Access to these specialists and, in some cases, the ability to adopt a multi-disciplinary approach to problem-solving were cited as important contributors to program effectiveness.

In order to address the referrals from distant places within their catchment area, some specialist and support services in the northern region have opened satellite offices. These are typically staffed by one individual who works with children and families, arranges referrals, works cooperatively with local consultants, runs the office and carries out the necessary public relations activities. This approach has resulted in more effective and efficient service delivery, while reducing transportation costs considerably.

Staffing

Within the specialist and support services reviewed, the number of staff, their roles and their backgrounds vary substantially from program to program. Many of the staff have degrees or certificates in fields including psychology, early childhood education and social work. In a few cases, staff include speech therapists, occupational therapists or physiotherapists.

Programs whose mandate or target population specifically includes children in day nursery programs emphasize the importance of employing staff whose background includes experience and expertise in early childhood education and the day nursery system. Equal emphasis is placed on the ability of staff to carry out assessments and offer advice and information in a way that is useful to the day nursery program and can be implemented in that particular setting.

Catchment Areas

The catchment area of a support service typically covers a relatively large geographic area. Usually, it includes a regional municipality as well as whatever separated city or town in which the support service is located. Native Indian reserves are also included in some catchment areas.

In some cases, the service focusses primarily on a certain part of the municipality. For example, the pre-school unit in the Sarnia-Lambton Centre for Children and Youth focuses primarily on the rural areas of that county. Also included in its jurisdiction are three Native reserves.

B. The Nature of Specialist and Support Services

Specialist and support services provide a wide range of services including direct and indirect services (i.e., liaison between families and direct service agencies). Most of the specialized resources in the sample work independently with children and families, as well as cooperatively with day nursery program staff and other consultants as required. A few of the specialized resources work primarily through the day nursery system. They deliver their services in conjunction with or through the day nursery staff, but rarely on an independent basis. For the purpose of this study, the services delivered by the specialized resources reviewed here can be categorized according to three areas -- services to children, services to families and services to day nursery programs. Each of these is discussed below.

Services to Children

Observation, screening and assessment were the most frequently mentioned services carried out by specialized resources on behalf of children in day nursery programs. The nature of the assessments varies, depending on the perceived needs of the child. Typically, they could include any combination of psychological, behavioural, speech and language, and motor skills assessments.

Specialist and support staff also play a significant role in developing and executing IPPs for children. They participate in reviewing and updating these plans on a regular basis as well. In addition to working with individual children, resource staff also conduct group treatment sessions for children.

Support services also provide a number of indirect services to children. Half of the sample indicated that they perform a case coordination function on behalf of children. In order to help ensure system responsiveness, they act as a liaison between different agencies serving children, attend, and in some cases, organize case conferences, provide information to families regarding programs and services available to their children, and communicate messages and information between agencies.

In addition to case coordination, a number of the specialized resources have assumed an advocacy role on behalf of children, particularly children who are mentally retarded. As advocates, they help to facilitate access to services and review service appropriateness for the children involved.

Services to Families

Assistance with child management is one of the services most frequently provided to families by specialized resources. The staff support parents in handling a difficult child and provide parents with an emotional support system, both in dealing with their child and with friends or other adults.

Specialized resources also support families who lack a network of services or a support system in the community. This function is particularly important for families whose child is experiencing a special need. These families are made aware of how they can obtain or use resources in their community. In these circumstances, support services often make families aware of the day care system and its potential for alleviating family stress and providing parental relief.

Counselling and support in child development is another important service provided by most of the specialized resources in the sample. Staff help parents to understand child development. They also provide insight into the developmental problems their children might be experiencing. In addition, staff assist parents in identifying ways in which they can help their children reach their maximum developmental potential.

Through home visits, some specialized resources provide parent education and design home programs whereby parents can gain some control over the child's behaviour or help their children reach individual goals.

A number of specialist and support services organize monthly parent meetings which focus on topics such as normal development, nutrition, the needs of handicapped children and behaviour problems. Meetings of this nature also provide a forum for parents to exchange views, share their feelings and experiences and get to know other parents in their community. A few specialized resources loan toys, special equipment and books to parents. These help parents to work and play with their child as well as to learn more about child development and parenting. Newsletters are also produced by some resources to share information and keep families updated on relevant community events.

Services to Day Nursery Programs

Eight of the nine specialized resources reviewed indicated that they received referrals or were regularly in touch with day nursery programs. During the six month period prior to the interview, resources indicated that a total of 86 day nursery programs had used their services in some way. They also indicated that 51 day nursery programs refer children regularly to their program.

Not all specialist and support services are in touch with all day nursery programs in their community. For example, in one community, one of the specialized resources focusses primarily on developmental treatment centres and their day nursery programs. In that same community, other support services have a more generic focus which includes regular and integrated programs and all children attending these programs. In other communities, the specialized resources interviewed provide service to any day nursery program or child who is referred by a day nursery program, to the extent that service is appropriate. Finally, some specialized resources indicated that they try to ensure that day nursery programs realize they are available to be engaged with a particular child or family, but felt that they do not have the opportunity or the financial motivation to consider seriously their potential role in relation to day nursery programs.

Specialized resources defined support services to staff as those they deliver most frequently to day nursery programs. For example, half the programs suggested that their primary role is to support staff in developing an attitude toward integration that is based on competence and confidence, rather than incompetence and fear. In many cases, this involves providing backup support for screening and assessment, consulting with staff with regard to program development and modification, providing general and specific guidelines on how to promote behavioural changes in children, participating in case conferences and enabling day nursery program staff to obtain information in an appropriate manner from other services.

Seven of the specialized resources are also involved in providing workshops, seminars and individual training sessions for day nursery program staff. The nature of these sessions varies from discussing the general implementation of screening and individual program planning to introducing a specific new assessment or teaching tool.

A related role played by support services, particularly in relation to newly integrated day nursery programs, is to assist teachers in conducting parent interviews, especially with regard to when and how to refer parents and their children to other services or programs. This is a particularly sensitive area for which many early childhood educators appear to have minimal experience or training.

In a few cases, specialist and support services assume a mediator role between day nursery staff, parents and other services. For example, information from an agency regarding a certain child may flow through the specialized resource to the day nursery program staff. The specialized resource may also assume responsibility for setting up referrals with other agencies and discussing these referrals with parents. Most specialized resources, however, indicated that their long-term objectives include helping day nursery staff to develop the confidence and expertise to undertake these kinds of activities themselves.

Finally, as noted earlier, six of the specialized resources indicated that they played a significant coordination role on behalf of children, families and day nursery programs. While families may be considered the primary focus of this activity, it is also useful to day nursery programs. It helps ensure that their program is consistent with services being delivered by other agencies, that they have an opportunity to relay relevant information to other agencies/professionals developing programs for the child and that they are aware of what else is happening in the child's life that may have significant implications for his behaviour in the day nursery.

CHAPTER 2

PROGRAM EFFECTIVENESS, PROBLEMS AND ISSUES

A. Effectiveness

Like day nursery programs, specialized resources in the sample were asked to describe those aspects of their program which they think make it particularly effective in meeting the service requirements of children and families experiencing special needs and the day care system. The sample represented a relatively diverse group of services. Most of the features which they feel make them effective are equally diverse, although a few programs identified similar features. The common characteristics, as well as the distinct features, are described below.

The community-based nature of the program was identified by over half of the sample as a key contributor to program effectiveness. Consultants and resource staff go to the children. They work with the children, their families and day care staff in a comfortable, familiar surrounding. This approach gives parents and day care staff a sense of greater control, causing their resistance to decrease. It also allows change to occur in a familiar environment. Children do not have to cope with new surroundings in addition to everything else. As a result, they tend to be more responsive.

A second feature noted by several resources relates to the background of their staff. It was pointed out that consultants or resource staff who come from an ECE background tend to be more readily accepted by day care staff. The reasons for this are two-fold. Their backgrounds allow them to share information in a way that can be understood by early childhood educators. Further, they are more sensitive to the way in which day nursery programs operate and the limitations they face. Because their suggestions regarding programming take these into account, it is more feasible to implement these suggestions in a day care setting.

A third feature perceived to influence program effectiveness is the background of the specialized resource itself. It was pointed out that programs are more readily accepted by the community if they are affiliated with a relatively generic organization. For example, the affiliation of Durham Pre-School Behavioural Program with the municipality was believed to increase the probability that day nursery programs and families would use the service. Other resources pointed out that, although they are affiliated with organizations such as the local AMR, they try to minimize these relationships. This tends to reduce the fear of labelling among parents and day nursery programs while increasing the likelihood that they will refer children.

The role of the specialist and support services in relation to the early childhood educator appears to be another factor contributing to program effectiveness. Some programs stressed the importance of helping child care staff to develop the confidence and knowledge required to carry out early identification, make referrals, communicate with relevant organizations and agencies and monitor children in their programs. To this end, they support staff by providing them with information and guidelines as well as more sophisticated support services as required.

Their ability to tap easily into a network of other support services in the community was also described as a characteristic of specialist and support services which contributed to their effectiveness. A number of programs noted that, because they had access to other professionals such as physiotherapists, psychiatrists and social workers, they were in a much better position to mobilize support for families and children. Also, knowing they had these kinds of resources backing them up, day nursery program staff were more willing to accept handicapped children and children experiencing other special needs.

The slow, incremental approach adopted by some support services as they became involved with day nursery programs was also cited as an important factor contributing to their effectiveness. These services noted that many day care staff, because they lacked confidence and community recognition, feared they would be subject to criticism by the specialized resource. It was necessary to establish a sense of trust with the centre and to undertake some subtle marketing strategies in the community.

As noted earlier, several specialist and support services identified distinctive features of their program which they believed helped to make them effective. The infant development programs in the sample suggested that an advisory committee was a very useful feature. It encouraged a sense of responsibility for the program and a willingness to operate cooperatively in the community.

The availability of a resource library was also described as a particularly useful feature of one specialized resource. The library, which is used by parents, staff and outside agencies, provides information which helps foster community awareness of infant development issues, especially in regard to prevention and early identification.

Finally, the Durham Case Coordination program identified a distinctive and important feature. They pointed out that because they do not deliver a direct service, they tend not to intimidate families and day nursery programs. Consequently, it is easier to discuss family problems. The Case Coordination Program suggested that this same neutrality makes it possible for their staff to assume more effective chairing roles in case conferences. The agencies involved tend to forget their differences and disagreements as they put their energy into focussing on the needs of the child and family.

B. Problems/Issues

During the review, specialized resources were asked a series of questions to help identify specific problems or issues which they were facing in providing services to the day nursery system, as well as to children and families in that system. The questions focussed on areas such as confidentiality, waiting lists, relationships with day nursery programs in their community and the perceived limitations of their service.

The problems which were identified tend to fall into two general categories -- those specific to their own program or other specialized resources, and those related to the day nursery system. The following sections summarize the problems according to these categories. As might be expected, there is some overlap between categories.

Specialist and Support Services

All of the specialist and support services interviewed indicated that they face limitations, specific to their own agency or to other specialized resources, which hamper their ability to serve the day nursery system and children and families in that system.

Among the most frequently raised problems is that of having insufficient staff to handle caseloads. Eight programs pointed out that their staff assume responsibility for consultation and treatment. In order to meet these service requirements, exceptionally long hours and home visits seem to be an accepted component of staff's daily responsibilities. In addition, half of the specialized resources have waiting lists which require that families and children wait for an average of six months before receiving service; day nursery programs wait an average of four months.

The pressure on specialist and support services to deliver consultation and treatment services also limits the time available to promote their service in the community. Eight of the services indicated that there are day care centres in their community which could make referrals to their program, but do not. The primary explanation is that these day care centres are not aware of the resource or the role it might play in relation to their centre.

Related to the issue of insufficient staff is the high frequency of requests from day nursery programs for consultation and training regarding children and families experiencing other special needs. Many specialist and support services would like to see more day nursery programs willing to accept handicapped children and children experiencing other special needs. Access to consultation and training would undoubtedly increase their motivation to do so. However, the number of day nursery program requests for training which can be accommodated is often limited by a shortage of staff time.

A second issue raised frequently by specialist and support services is transportation. Seven programs identified this as a major concern. Travel expenses, particularly for services in the north and in rural communities, are extremely high. Distance between towns and day nursery programs is undoubtedly a contributing factor in this case. Other factors are also involved. For example, consultants working on Indian reserves are sometimes reluctant to drive their own cars, due to the poor conditions of the roads and the long distances involved. This makes it necessary to rent cars, adding to the overall transportation costs. It was noted in some cases that, while isolated communities receive some funding for travel costs, it tends to be at the same rate as less isolated areas. The importance placed on home visits by some specialized resources also adds to travel costs. In addition to travelling to and from day nursery programs, resource staff also travel to and from children's homes. This represents a particularly expensive component of the program's travel budget, the extent of which is not always recognized by funders.

From a different perspective, many specialist and support services noted that the cost of transporting children to and from day care is often a problem. For example, day care is often identified as a means to alleviate problems being experienced by the child and family. The child is enrolled in a day care centre but, in many cases, the parents are unable to transport the child to and from the centre. At the same time, there are usually limited or no funds available through the support services or the day nursery to meet this transportation need. As a result, the child is unable to attend the day care centre. An alternative service, perhaps less effective, must be identified, to help the family.

Equally important is the general shortage of support services available in the community. Assessment services, social work, psychological testing and physiotherapy were frequently identified as being difficult to obtain and having long waiting lists. Of primary concern appears to be the scarcity of resources to deal with speech and language difficulties. This was mentioned by half the sample.

The issue of serving children at risk was raised by half the specialized resources as well. Several indicated that some of the children they serve, whom they consider to be at risk, would benefit significantly from attending a day nursery program. However, they are not able to obtain any funds to accommodate this need. As a result, the children often remain at home. Others suggested that in many cases where children are at risk, environmental, social and economic conditions reduce parental motivation to be involved in the child's program. This in turn decreases the effectiveness of the program. Finally, a few programs pointed out the difficulties imposed by their own limited mandate in serving children at risk. They noted that homes of high risk children are often so disorganized by stress that it is useless to attempt to address only the developmental needs of the children. It was suggested that in these cases, a more useful approach would be to look at needs from the social, economic and cultural perspective of the family.

Five specialist and support services also identified the negative impact on service effectiveness resulting from a shortage of integrated day nursery spaces. There are insufficient integrated spaces to accommodate the number of referrals they would like to make. They suggested that the lack of integrated spaces has negative implications, which might include enrolling some developmentally delayed children in the school system at age four and having them remain in junior kindergarten for two or three years before moving on.

Related to this is the problem of obtaining a one-to-one worker for children in day nursery programs. It was pointed out that some handicapped children and children experiencing other special needs could remain in a regular and/or integrated day nursery program if they could be served on a one-to-one basis for a short time period. If this is not available, these same children may have to be be sent to a treatment program in a child and family intervention services centre or to a segregated day nursery program.

Several specialist and support services noted that day nursery programs may receive support services from different agencies within the same community. In some cases, responsibility for integration in the community's day nursery system lies with these different agencies as well. For example, a local AMR may assume full responsibility for mentally retarded children in the community. The AMR enrolls the child in a day nursery program and decides whether that program should be segregated or integrated. It also ensures that the child receives whatever specialized resources are required. In the same community, children experiencing other kinds of handicapping conditions or special needs may be served by more generic organizations which also assume responsibility for providing resources and integrating children into the day nursery system.

The services interviewed pointed out a number of drawbacks to this approach. Primarily, they noted the potential to create a situation in which children experience unequal access to services in their community. Another potential disadvantage results when a day nursery or specialized resource becomes affiliated with the local AMR. The label may make parents, other day nursery programs and other agencies cautious in calling on them for services. In this particular kind of situation, a third drawback relates to the fact that mentally retarded children may not have ready access to more community services simply because the generic nature of these services dissuade segregated organizations or day nursery programs from using them.

A few other issues were raised less frequently. A few resources accept referrals which staff are not necessarily qualified to handle. However, when the specific service required is inaccessible or non-existant, clients and children are forced to make the best use of what is immediately available. For example, staff qualified to address child development problems may find themseves involved in behaviour management.

Other problems include the shortage of translation services, the need for more home-based and day nursery-based programming on the part of specialized resources and the problems caused by requiring a doctor's signature prior to accepting a referral. Finally, some specialized resources mentioned their inability to offer staff competitive salaries. This makes it difficult to attract and/or keep staff with sufficient experience and expertise.

Day Nursery Programs

The specialist and support services responded to questions designed to elicit information regarding their work in the day nursery system. The questions were intended to identify problems or issues regarding their working relationship with day nursery programs as well as the ability of day nursery programs to serve handicapped children and children experiencing other special needs. The problems identified are discussed below.

Most of the specialized resources indicated that day nursery programs have the potential to play a much broader role in delivering services to children experiencing special needs. It was noted that some of them are already effectively filling this role. In particular, day nursery programs are expressing a greater willingness to accept handicapped children and children experiencing other special needs. Their willingness to collaborate with other agencies and professionals, their more frequent requests for help with children enrolled in their program and their increased awareness of children experiencing special needs all indicated that some day nursery programs are interested in serving this sector of the child population and expanding their role to meet the responsibilities involved in doing so.

Despite indications that some day nursery staff are effectively filling a number of roles involving early identification, liaison with community agencies, referral and training in the area of special needs and caregiving, the specialist and support services identified a number of factors which may reduce the effectiveness of day nursery programs serving handicapped children and children experiencing other special needs. Over half the specialized resources suggested that day nursery staff are overburdened. From an internal perspective, it was suggested that day care staff adopt the attitude that they must be all things to all people. Often they feel they do not have the right to make requests of other agencies or seek additional help. This causes them to deal with children in an isolated fashion, rather than referring them to other programs for assistance. This latter kind of approach requires additional time and energy.

From an external viewpoint, many day care staff seem to lack paid time to do individual program planning, attend workshops, participate in case conferences and meet with parents. As a result, these activities tend to take place outside regular working hours, such as in the early morning, over lunch or in the evening. Also, because funds to provide a one-to-one worker for children in day nursery programs are limited, day care staff must try to cope with children who may be experiencing emotional or behavioural problems that require significantly more attention. Both these factors place additional stress on what is already a highly demanding job.

Equally important, according to the support services, was that many day care staff feel incompetent and lacking in the skills to serve effectively handicapped children and children experiencing other special needs. Low wages, minimal recognition by other professionals and few training opportunities can reinforce this poor self- perception. It was suggested that these conditions and attitudes ultimately lower morale and inhibit interest in serving handicapped children and children experiencing special needs. Further, they create resistance to having another professional consult with their program, since staff fear this may lead to criticism. Some specialized resources are concerned that many day care staff have only a minimal understanding of what integration is, and show little interest in learning. They speculated that this may be a result of past training experiences which provided little information on integrated day care, or may reflect a lack of motivation due to the factors mentioned earlier.

Finally, specialized resources drew attention to an interesting predicament promoted by the current funding criteria. They suggested that, on the one hand, subsidies are available to children who may be too severely handicapped to attend an integrated program while, on the other hand, children whose handicap or special need is such that it would allow them to benefit from integration may not be handicapped enough to be eligible for subsidization. As such, the criteria generally inhibit greater integration in the day nursery system.

PART V

ISSUES AND HIGHLIGHTS

This study provided an opportunity to examine the means by which the existing day nursery system is serving children and families experiencing special needs. Part V concludes with a discussion of the main issues associated with the ability of the day nursery system to serve this population, and with a discussion of possible courses of action. It is hoped that the issues and suggestions which follow will encourage dialogue between day nursery programs and the Ministry and generate improvements in the capacity of the day nursery system to serve children and families experiencing special needs. The issues and conclusions outlined in this section are discussed according to five broad areas:

- definition,
- integrating children and families experiencing special needs,
- the role of day nursery programs and staff in serving children and families experiencing special needs,
- the role of specialist and support services, and
- coordination.

The areas listed above are inter-related. As a result, there is some overlap between the issues discussed under each. Once again the issues and conclusions are based on the perceptions of the participants in this study.

CHAPTER 1

DEFINING CHILDREN AND FAMILIES EXPERIENCING SPECIAL NEEDS

Presently, there is no consensus as to what constitutes a special need. The following operational definition of children and families experiencing special needs was proposed by the working group for this review. A child or family experiencing special needs is a child or family which, at any given point in time:

a) faces barriers to normal development and functioning in one or more of the following areas of development: physical, social, emotional, communicational, intellectual, behavioural, and/or

b) has increased vulnerability to environmental and non-evironmental stresses, including those related to family, social, economic and cultural circumstances.

The needs which are being experienced at any one time will influence the resources required by the day nursery system to serve children and families effectively.

The definition was used to establish parameters for special needs. This provided a degree of validity to day nursery programs' estimates of the number and types of children and families experiencing special needs enrolled in the various centres.

Most of the programs were pleased with the definition. They felt that it accurately described children and families who required attention over and above that which they provided to regular children and families. At the same time, some limitations have been pointed out. It was suggested that the definition does not set out clear guidelines to identify a child or family experiencing special needs. Essentially, most children or families could be perceived to be experiencing some degree of special need according to the definition. Moreover, the definition does not provide a sense of the degree of special need being experienced. Further, the definition does not make a distinction between the child who is vulnerable and functioning well, versus the child who is vulnerable and requires help.

These limitations raise a number of questions in relation to the objectives which the definition was originally designed to achieve (see Chapter 3, Part 1 for definition). For example, what does it mean for a definition to facilitate the early identification of children and families experiencing special needs? Does this mean that the definition should be sufficiently broad to simply red-flag children and families who may be more vulnerable than the rest of the population? If this is the case, the current definition would seem appropriate. On the other hand, perhaps the definition should have more specific categories and parameters into which a child or family might be placed, and upon which intervention and programming could be based.

The extent to which the definition meets the second objective, the administrative need for documentation, is also at issue. Data based on the operational definition developed for the review seems to provide a broad overview of children who may require additional attention. Data based on a definition using specific categories and parameters would provide a much clearer sense of those children who require programming over and above that which day nurseries provide to regular children.

The broader approach to defining children and families experiencing special needs may not result in the kind of documentation required to clearly identify children and justify programming changes. However, a definition which categorizes children and families according to very structured guidelines and uses specific parameters to determine whether or not they have a special need, may have an equally undesirable outcome in that the child may become labelled.

Findings from a number of studies, including this review, estimate that 12% of the children served by the day nursery system experience special needs. The studies tended to include diagnosed handicapped children as well as children experiencing special needs in their estimates. When diagnosed handicapped children were subtracted from the total number of children with special needs in this study, the 12% estimate became substantially lower. When programs in the City of Toronto were examined separately to control for a possible bias produced by socio- economic status, the rate of children experiencing special needs in the rest of the sample became lower still.

This information, combined with the limitations of the definition and the fact that the data is based on the perceptions of day nursery program staff, suggests that it may be inappropriate to identify a specific percentage of the population in this study as experiencing special needs.

Highlights

In light of the objectives originally established and the limitations pointed out during the review, the definition of children and families experiencing special needs requires further discussion and debate, prior to its operationalization.

CHAPTER 2

INTEGRATING CHILDREN AND FAMILIES EXPERIENCING SPECIAL NEEDS

Seven distinct issues related to integrating children are discussed below.

Client Focus

Half of the designated integrated programs indicated that they were concerned with the change in the focus of their program as a result of becoming a "designated" integrated program. Prior to becoming "designated", programming had focussed primarily on children experiencing special needs, other than physical or developmental handicaps. These programs worked primarily with children with emotional and behavioural problems. Staff pointed out that diagnosed handicapped children now require most of their time and energy. As a result, they are left with minimal time to plan and program for children experiencing other special needs. The extent to which this jeopardizes effective programming for these other children is unclear. Also, further study would be helpful to determine the extent to which it makes programs less willing to accept handicapped children.

The Integration Process

Guidelines for planning and implementing integrated programs have not been formally introduced in the day nursery system. As a result, this process seems to vary from area to area, depending on the program, the people and the circumstances involved. The review indicated that, in some cases, it is based on an incremental, well designed plan. In others, the process is fairly haphazard with minimal consideration given to planning or implementation.

Many of the programs emphasized that a carefully designed plan is essential to effectively change a day nursery program from a regular program to an integrated program. Staff should know well in advance about plans to become integrated. They should be given information regarding the integration process, its implications for them and their working environments, and the kinds of supports that will be available. In addition, they should be assured that training relevant to serving handicapped children and children experiencing other special needs will be made available to staff who require it. Staff should also be included as much as possible in the planning stages of the integration process.

Responsibility for Integration

Different agencies and organizations tend to be responsible for integrating children in the day nursery system. In some cases, the nature of the child's need determines who assumes responsibility for integrating the child. In the same community, for example, a local AMR, a child and family intervention centre and a crippled children's centre may each assume responsibility for integrating children being served under their respective mandates. There may also be a generic organization responsible for children who do not fit into any of the service sectors described above. Finally, day nursery programs themselves may assume responsibility for integrating children experiencing other special needs.

This approach to integration appears to have a number of drawbacks. The involvement of several agencies, all of which may have different objectives and approaches to integration, tends to become confusing. It may inhibit a community from developing an overall and consistent integration strategy. The efficient and coordinated use of specialist and support services may also be undermined. For example, services affiliated with a particular organization or agency may only be made available to children for whom that organization or agency assumes responsibility. Should this happen, a day nursery program could end up with three physiotherapists serving three different children in that program on the same day. The issue becomes more complicated should some of these affiliated organizations or agencies not have access to certain specialist or support services, while others do. In this case, children may end up having unequal access to services. Finally, certain day nursery programs may become affiliated with a certain organization, such as a local AMR, by accepting only the children served by that organization. The label may dissuade other parents or referring agencies from using these day nurseries.

Characteristics and Roles of the Resource Teachers

The resource teacher concept appears to have been interpreted differently from program to program and area to area. Within the day care system, resource teachers assume responsibility for ensuring that handicapped children and, in some cases, children experiencing other special needs, receive the programming they require. However, resource teachers seem very diverse in relation to the range of children they serve, their mandate, their reporting relationships/accountability, their responsibilities and their skills. This diversity seems to reflect differences in a number of areas including philosophies regarding integration, client focus, the time at which the integrated program was established (i.e., when integrated programming was first implemented in Ontario or more recently) and the creativity of Ministry staff, municipal social services departments, day nursery programs and specialist and support services.

On the one hand, this diverse interpretation of the concept of resource staff may be indicative of a system that has developed flexibly, to meet the needs of the community. On the other hand, it may reflect a concept based on different philosophies, goals and understanding of what a resource teacher should be, some or all of which may be acceptable or unacceptable.

At present, no overview exists regarding the ways in which the resource staff concept has been developed and implemented in this province. Further, while it is clear that these staff are serving children experiencing special needs, the extent to which this is taking place and the nature of the service being provided, is not known.

Confidentiality

Confidentiality was not raised as a major issue during the interviews. Most day nursery programs, as well as specialist and support services, indicated that procedures for confidentiality are being adequately adhered to and respected. It was pointed out, however, that one facet of the confidentiality procedures employed by municipalities may need to be examined.

Many municipalities use one set of files for all children in municipally-operated day nursery programs. It was noted that these files are often readily accessible to most employees in the municipal social services department. Where municipally-operated centres accept handicapped children and children experiencing other special needs, their files will be equally accessible. This becomes problematic in that these files contain confidential information from specialist and support services concerning diagnostic and treatment recommendations for children under their care. Some of these services are beginning to express their disapproval of these filing practices and have requested that they be changed to ensure greater confidentiality.

Availability of Space

Some commercial programs have no purchase-of-service agreement with their municipality. As a result, when handicapped children and children experiencing other special needs apply to the program, there is no subsidy available for them. In other communities, while there may be a purchase-of-service agreement, the number of spaces are insufficient to accommodate all who apply. This situation creates a number of problems. Day nursery programs, while they may be willing to accept these children, are placed in a difficult position. Handicapped children may be referred to a segregated day nursery program where the child will receive funding. These programs are not always available, however. Also, they are often not the type of day nursery experience the parents had originally wanted for their child.

In some circumstances, rather than making day care inaccessible, the centre may enroll the child and charge fees below those required to cover expenses. In the end, however, these children may not receive programming appropriate to their needs. When a compromise cannot be arranged, the child is not accepted.

Eliminating Indirect Subsidization

A number of integrated, municipally-operated programs voiced their concern that the Ministry, by eliminating "indirect subsidization", would undermine the integrity of the integrated program. They suggested that such a policy will decrease the enrollment of fee-paying parents as a result of significantly higher fees in some areas. In order to keep their enrollments up, centres will have to accept more handicapped children and children who are eligible for subsidy, many of whom experience other special needs. As a result, the centre will be unable to maintain the preferred balance between handicapped children, children experiencing other special needs and regular children in an integrated program.

What Does Integration Mean?

A number of "non-designated" integrated programs in the review sample have been serving handicapped children and children experiencing other special needs since their inception. Others have done so as the need arose. Many of these programs indicated they did not know what it meant to be a licensed integrated program. Also, some programs do not know how to become one.

Comments such as these, combined with the vastly different approaches to integration that have been undertaken across the province, suggest that the Ministry may need to explore a number of issues related to the concept of integration, an integrated day care system and implementation of that system.

Highlights

In conclusion, efforts to integrate handicapped children, children experiencing other special needs and regular children in Ontario have been extremely diverse. They reflect different philosophies, resources, program needs and levels of creativity.

In light of this diversity and the limited research in this area, the various approaches to integration that have been undertaken in communities across Ontario need to be identified and reviewed.

Also, a forum needs to be established whereby Ministry staff, who are interested or have a specialized knowledge of integration can meet to identify, discuss and resolve issues critical to developing more consistent integration policies for day nursery services.

Finally, based on this discussion of the issues, and guided by the principles stated in this study, policies for integrating day nursery services should be established.

Should the revised integration policies re-confirm the commitment to encourage a province-wide integrated day nursery system, the role of the segregated day nursery system should be addressed. While recognizing that there may always be children whose needs are such that they cannot be accommodated in an integrated program, a number of communities have already reorganized or are planning to reorganize their segregated programs in order to facilitate the delivery of services in an integrated setting.

The findings in the study indicate that there are handicapped children and children experiencing other special needs in the day care system who do not have access to resource staff. In reviewing integrated programming attention should be given to resourcing day nursery systems on a province-wide basis. It may be that certain features of the resource concept should be consistent across the province.

CHAPTER 3

ROLE OF DAY NURSERY PROGRAMS AND STAFF

The role of day nursery programs and staff in serving children and families experiencing special needs must be examined in the context of a number of different issues; how we define children and families experiencing special needs, the characteristics of children presently being served, the current responsibilities of day nursery programs in relation to these children, and day nursery program staff and training.

Findings from this study and the literature review indicate that day nursery programs regularly provide service to children and families with special needs.

They also provide evidence that a few child and family intervention services centres and children's aid societies are beginning to use day nursery programs in their communities as a form of alternative programming for children in their agencies. For example, by resourcing day nursery programs, child and family intervention services centres are helping children, who might otherwise end up in a day treatment program, to remain with regular children in the day care system. While information is limited, there is some evidence that children's aid societies are using, or may be interested in using, day care as a form of family support as long as programming and appropriately trained staff are available in the day care system.

The extent to which day nursery programs are serving special needs children and could be used as alternatives to more specialized programming environments has significant implications for the role of day nursery programs and staff.

Responsibilities of Day Nursery Programs in Relation to Children and Families Experiencing Special Needs

The day nursery programs in this sample have assumed a variety of responsibilities in relation to serving this special population. Included in these responsibilities are screening and assessing, making referrals, participating in case conferences, developing, implementing and monitoring Individual Program Plans, coordinating services for individual children in their centres, home programming and working with parents. The extent to which each of these responsibilities is carried out differs across programs. The methods that are used vary as well.

In some programs, screening, individual program planning and monitoring apply to all children; referring, case conferencing and home programming take place as required. In other programs, these procedures apply only to funded handicapped children and/or children experiencing other special needs.

Methods for implementing these procedures are also different, depending on the program. Informal observation and screening techniques are employed by all day nursery programs to identify the needs of individual children. Day nursery program staff assume responsibility for this. Other programs carry out formal assessments using standardized clinical procedures and/or instruments. In some cases, day care staff do the assessments; in others, resource teachers, day care consultants or other specialists are called on.

The extent to which individual program planning and monitoring is carried out varies equally across programs, as do the methods involved. Also, some program staff are involved in organizing and/or participating in case conferencing, while others have minimal involvement or depend on resource teachers to carry out this role. Finally, while a few programs have developed formal mechanisms for assisting parents and encouraging parent involvement, most programs have taken a less formal approach. Sometimes, parent involvement is minimal or non-existent.

Generally, the responsibilities assumed by day nursery programs in relation to serving children and families experiencing special needs are extremely diverse. In some cases, they are preventive. They may also supplement or substitute for more specialized treatment services. Keeping this in mind, the mandate and resourcing needs of day nurseries, together with their relationship to specialist and support services and their role in coordinating services for children, require re-examination and clarification.

Day Nursery Program Staff and Training

The responsibilities being undertaken by day nursery program staff, combined with their current training, suggest that increased staff development will be required if the early childhood educator's future role is to involve identifying and programming for children and families experiencing special needs.

The review indicated that the majority of the teachers in the sample have a diploma or degree in early childhood education (ECE). A significant number, however, are in training or lack such training. Very few teachers have training or experience related to serving children and families experiencing special needs.

While ECE programs have begun to include courses on identifying and programming for children and families experiencing special needs, this has been a recent development that was not available to many early childhood educators.

Many programs noted that, while on the job training is equally, if not more important than a staff member's formal education, these opportunities are often unavailable due to insufficient funds, an inflexible day care schedule or the unavailability of substitute staff.

Highlights

The findings in this study, combined with other research in Ontario, support the contention that day nursery programs are serving a relatively significant number of children and families experiencing special needs. These studies have also identified the potential role of day nurseries in delivering services to children who might otherwise be served in a more specialized treatment setting.

Day nursery program staff have assumed a variety of responsibilities in relation to serving children and families experiencing special needs. Among these responsibilities are preventive activities such as early identification and intervention. As part of their service to children and families experiencing special needs, some early childhood educators are carrying out screening and assessment procedures, participating in case conferences, providing programs to parents and assuming responsibility for case coordination.

The day nursery system appears to be an effective and efficient way to serve children and families experiencing special needs. If it is to continue to assume this role day nursery programs require access to specialized and support services.

Also, the early childhood education curriculum needs to include courses related to serving children with handicapping conditions and children experiencing other special needs. In addition, in-service training should be made available on a regular basis.

CHAPTER 4

ROLE OF SPECIALIST AND SUPPORT SERVICES

A diverse range of specialist and support services supplement services provided to children and families experiencing special needs by day nursery programs. The role of specialist and support services is influenced by a number of factors that have been discussed earlier, including the characteristics of children being served, the role and responsibilities of day nursery programs in relation to these child and staff qualifications. This section discusses, in greater detail, issues specific to their roles and their ability to effectively serve children and families experiencing special needs in the day care system.

Access

The extent to which day nursery programs have ready access to specialist and support services in their community significantly influences the willingness of these programs to accept children experiencing special needs.

For many day nurseries, specialist and support services are not as available as they would like. Certain types of services are in particularly short supply. Assessment services, treatment services for children under four years of age and speech therapy were mentioned most frequently as those services that have long waiting lists or are non-existent in certain communities.

Rural areas and northern communities are at a particular disadvantage with respect to access to services. The shortage of services and distances between them combine to create a service system which is not easily accessible to children in day nursery programs. Further, specialist and support services do not tend to visit the centres or visit them infrequently.

Communities have adopted specific strategies which they hope will make specialist and support services more accessible to day nursery programs, thereby increasing their willingness to accept handicapped children, as well as children experiencing other special needs. Some of the strategies have been identified in this study and appear to be working effectively. The applicability of these strategies to other Ontario communities needs to be determined. In addition, other strategies need to be identified and examined.

One-to-One Workers

Most of the integrated programs indicated that, at one point or another, a child in their program required the assistance of an individual who would work with the child on a one-to-one basis. Under most circumstances, this arrangement does not tend to be ongoing. It seems most necessary when the nature of the child's need is such that he benefits from individualized attention and training (i.e., speech therapy, some forms of physiotherapy), or to relieve the stress that a child experiences when he first enters an integrated program. Typically, the child improves quickly and the one-to-one arrangement is no longer required.

One-to-one arrangements for diagnosed handicapped children can be facilitated using special needs agreements under the Child and Family Services Act or purchase of service agreements under the Day Nurseries Act. In some cases, using various strategies, one-to-one workers can also be obtained for children experiencing other special needs. Currently, there is little information concerning the extent to which any of these procedures are used in the day nursery system. The number of children who, because they require a one-to-one worker, must remain at home has not been identified. Further, the number of children who leave the day nursery system to enter a residential or day treatment program in a developmental centre or a child and family intervention services centre because they do not have access to a one-to-one worker is not documented. Finally, the cost of serving these children in one setting versus the other has not been examined.

Leadership

A key feature of most integrated day nursery programs seems to be the involvement of an individual who assumes a leadership role. Typically, this person is a well-trained nursery school specialist who has the time to work with day care staff, help them clarify program goals, acquire new knowledge and skills and design the nursery school environment. This individual also tends to facilitate cooperation among day nursery programs, as well as between day nursery programs and other community resources.

A number of day care supervisors pointed out that this resource was once available through the Day Nurseries Branch. Now it may be assumed by someone in the community who has an interest in developing an integrated day nursery system. In some cases, the day nursery supervisor assumes the role. In others, the resource teacher or an individual from a support service in the community or from the Ministry may do so. In any case, there appears to be a strong need for leadership to effectively implement an integrated day nursery system in the community.

A commitment to an effective integration system would seem to require that this kind of leadership exist in each community in the province.

The Public Health Unit

The findings regarding the kinds of support services used most frequently by integrated day nursery programs indicate that public health nurses are a significant resource. According to the Health Protection and Promotion Act, municipal public health units will be broadening their prevention activities to include early identification and intervention for high-risk children, vision and hearing evaluation for pre-schoolers, monitoring growth and development, and identifying and monitoring children at risk of abuse.

These activities should be considered a key part of the support system available to day nurseries. They should be taken into account in any examination of the kinds of programs required to supplement the day care system in order that it may effectively integrate children and families experiencing special needs.

Highlights

Specialist and support services are critical to delivering day nursery programs to children and families experiencing special needs. Approaches for providing access to resource staff tend to vary from community to community. Therefore, strategies whereby resource staff can be made easily accessible to day nursery programs at the community level should be identified and reviewed. Specifically, the potential for the resource staff to be linked with child care, family resource centres and child and family intervention centres needs to be explored.

Many day nursery programs serving children and families experiencing special needs depend on special resource personnel such as speech, physical and occupational therapists, psychologists, case managers and specially trained early childhood educators.

The ability of these services to pursue their involvement with children while in the day care setting is considered essential to the effectiveness of integrated day nursery programming. The extent to which liaison between day care staff and specialized community agency staff takes place is also an important contributor to effectiveness. This suggests that local specialized agencies should be encouraged and supported to work cooperatively with day nursery programs.

Specialist and support services should also be encouraged to deliver their service to children enrolled in day nursery programs, while they are in the day nursery setting.

Specialist and support services, as well as day nursery programs, indicated that certain resources are in particularly short supply. Those mentioned most frequently are assessment services, treatment services for children under four years of age and speech therapists. Staff pointed out that, based on their observations, the need for these services has been climbing steadily over the last few years. It would seem that there is a need for additional specialist and support services particularly assessment, treatment for children under four years of age and speech therapists.

Public health units, particularly public health nurses, appear to be a significant resource to day nursery centres. Further, the Health Protection and Promotion Act has broadened their mandate to include more prevention activities for infants and children. The services provided by the Health Units, where appropriate, should be coordinated with those provided by the day nursery system and the agencies that resource them.

CHAPTER 5

COORDINATION

This section of the paper will address two issues -- case responsibility and service coordination across agencies. Case responsibility focusses on managing a child's program within a single service system, in this case, the day nursery system. Service coordination focusses on facilitating interactions between the day nursery system and other service systems to enhance system responsiveness.

Case Responsibility

Day nursery programs tend to provide service to children on a group basis. Some programs, as a way of helping to individualize programming, have implemented the concept of case responsibility. Where this has happened, a staff member assumes responsibility for certain children in their program. These staff are responsible for making referrals, participating in case conferences, and developing and reviewing Individual Program Plans. Essentially, their objective is to ensure that the child receives effective service within the day nursery program. In some day nurseries, a resource teacher may assume this role. In others, this responsibility may be shared by the supervisor and/or a staff member.

Typically, the case responsibility concept is implemented only for handicapped children. In some programs, it is done for children experiencing other special needs as well. A very few programs implement this concept for all children.

Service Coordination Across Agencies

During the review, it was pointed out that a variety of features are essential to effective integration in the day nursery system. One of these features is service coordination. This requires collaboration between programs in the community to fill service gaps and ensure system responsiveness.

Service coordination efforts tend to be diverse across Ontario. Responsibility for this function is often assumed by an agency providing services to the child. In some communities, an organization has been designed specifically for this purpose. Where a child is considered "hard to serve", a system's coordinator with special expertise in this area may be called on.

The Case Coordination Program in Durham Region noted the important role day care plays in developing an effective plan for children experiencing special needs. The day nurseries pointed out that the coordination program greatly facilitates the effective integration into the day nursery system of children experiencing special needs. The program ensures that children in the day nursery will have access to the services they require. It also assists the day nursery to call on support services in the community that will help them effectively meet children's needs. Should the day nursery be unable to continue serving a child, the coordination program will see to it that the child's needs are met elsewhere.

Highlights

Coordination appears to be taking place in a limited way in relation to case responsibility as well as service coordination across agencies. Case responsibility practices have been undertaken by individual program staff, particularly for handicapped children. Where service coordination is occurring, programs indicated it is essential to ensuring effective integration. It would seem that case responsibility policies and service coordination approaches for children in the day nursery system require further examination.

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APPENDIX 1

DAY NURSERY PROGRAM DEFINITIONS

A number of terms used throughout this report require definition for the purposes of this study;. These terms and definitions follow.

"Handicapped Child" as defined by the Day Nurseries Regulation means a child who has a physical or mental impairment that is likely to continue for a prolonged period of time and who as a result thereof is limited in activities pertaining to normal living as verified by objective psychological or medical findings and include a child with a developmental handicap.

Segregated Day Nurseries are defined as group care programs for handicapped children from 2 to 18 years of age, licensed under the Day Nurseries Act. The agency is funded for providing this service under the Day Nurseries Act or Developmental Services Act. The segregated programs i;n this study include programs operated by local associations for the mentally retarded, treatment centers for the physically handicapped or municipality operated.

Designated Integrated Day Nurseries are defined as group care programs that integrate handicapped children between two and ten years of age, on a part day, half day of a full day basis. These programs are licensed, approved and funded under the Day Nurseries Act to provide specialized programming and staffing for the handicapped children enrolled. A resource staff is employed for every four handicapped children and individualized programs are provided.

The program can also receive funding for children whose parents are eligible for provincial subsidy.

Regular/Non-Designated Integrated Day Nurseries are defined as group care programs for children from birth to ten years of age, licensed under the Day Nurseries Act. These programs can provide part day, half day or full day service and may be receiving funding for children whose parents are eligible for provincial subsidy.

The non-designated integrated programs in this study indicated that they provide service to children with handicapping conditions and/or special needs children, however, they do not employ a resource teacher and do not receive special funding.

The regular programs interviewed in this study indicated that they did not have special needs or handicapped children enrolled in their program.

"Resource Teacher" is defined by the Day Nurseries Regulations as a person who has been approved by the director to plan and direct individual and small group training for handicapped children. Generally, the person holds a diploma in early childhood education or equivalent and has completed a post-secondary program, both practical and theoretical, relating to the needs of handicapped children. The resource teacher must also have a current standard Red Cross or standard St. John's ambulance certificate in first aid.

APPENDIX 2

DAY NURSERY PROGRAMS SURVEYED

A. REGULAR

CENTRAL

Toronto

Ryerson Infant Toddler Centre
50 Gould Street
Toronto, Ontario M5B 1E8

Ryerson Early Learning Centre
50 Gould Street
Toronto, Ontario M5B 1E8

NORTH

Kenora

Dryden Day Care Centre
65 Rourke Avenue
Dryden, Ontario P8N 2N5

Kenora Day Care Centre
1304 - 9th Street North
Kenora, Ontario P9N 2T7

Thunder Bay

Algoma Day Care Centre
58 North Algoma Street
Thunder Bay, Ontario P7C 4W1

SOUTHEAST

Durham

Port Perry Day Care
Durham YMCA, 294 Queen Street
Uxbridge, Ontario L0B 1N0

Uxbridge Nursery School
Box 1136, 215 East Street
Uxbridge, Ontario L0C 1K0

SOUTHWEST

Sarnia-Lambton

Linden House Day Care Centre
867 London Road
Sarnia, Ontario N7T 4X7

B. NON-FUNDED INTEGRATED PROGRAMS

CENTRAL

Toronto

Campus Community Co-op
315 Bloor Street West (Rear)
Toronto, Ontario M5S 1S5

Central Neighbourhood House
349 Ontario Street
Toronto, Ontario M5A 1E8

Peel

Alpha Day Care Centre and
Nursery School
44 Church Street East
Brampton, Ontario L6V 1G3

Educare

SOUTHEAST

Durham

Edna Thomson Day Care
156 Church Street
Bowmanville, Ontario LIG 4W5

Stonemoor Day Care
R.R. #3
Uxbridge, Ontario LOB IKO

NORTH

Kenora

Balmertown Day Care Centre
P.O. Box 190
Balmertown, Ontario POV ICO

Red Lake Day Care Centre
Box 38 - Howey Street
Red Lake, Ontario POV 2T0

Thunder Bay

Grace Rhemus Day Care Centre
2203 Moodie Street East
Thunder Bay, Ontario P7E 4Z5

SOUTHWEST

Sarnia-Lambton

Rainbowland Nursery & Day Care Centre
175 Fane Street
Corunna, Ontario NON IGO

St. Bartholemew's Day Nursery
718 Cathcard Block
Sarnia, Ontario N7V 2N5

C. FUNDED INTEGRATED CENTRES

CENTRAL

Toronto

Blake Street Day Care Centre
84 Blake Street
Toronto, Ontario M4J 3C9

Old Davenport Day Care
1900 Davenport Road
Toronto, Ontario M6N 1B7

Play & Learn Nursery
305 Rumsey Street
Toronto, Ontario M4G 1R4

Peel

Malton Child Development Centre
3500 Morningstar Drive
Mississauga, Ontario L4T 1Y2

NORTH

Thunder Bay

Child and Family Nursery School
Confederation College
P.O. Box 398
Thunder Bay, Ontario

Nora Love Day Care
Sioux Lookout, Ontario

SOUTHWEST

Sarnia-Lambton

Lambton College ECE Centre
P.O. Box 969
Sarnia, Ontario N7T 7K4

Happy Day Pre-school Education Centre
404 Princess Street
Petrolia, Ontario N0N 1R0

D. SEGREGATED DAY NURSERY PROGRAMS

CENTRAL

Toronto

Woodgreen Special Care Nursery
875 Queen Street East
Toronto, Ontario M4M 3K2

Peel

Bo Peep Nursery School
181 Rutherford Road South
Brampton, Ontario L5A 3R8

Credit Valley Nursery School
2277 South Millway
Mississauga, Ontario L5L 2M5

NORTH

Kenora

Sunshine Nursery School
211 Bay Street - General Delivery
Keewatin, Ontario POX ICO

Thunder Bay

George Jeffrey
Children's Treatment Centre
507 North Lillie Street
Thunder Bay, Ontario P7C 4Y8

W.J. Griffis Developmental Centre
1501 Dease Street
Thunder Bay, Ontario P7C 5H3

SOUTHEAST

Durham

Maplewood Centre
947 Adelaide Street East
Oshawa, Ontario

Emperor Street Day Care Centre
36 Emperor Street
Ajax, Ontario LIS IM7

SOUTHWEST

Sarnia-Lambton

Sarnia & District
Children's Treatment Centre
1240 Murphy Road
Sarnia, Ontario N7S 3Y6

APPENDIX 3

CONSULTATION/RESOURCE SERVICES SURVEYED

CENTRAL

Toronto

West End Creche
Child and Family Clinic
197 Euclid Avenue
Toronto, Ontario M6J 2J8

Peel

West End Creche
15 Windy Oaks Drive
Mississauga, Ontario
L5G 1Z4

NORTH

Kenora

Infant Development Program
South Entrance, 3rd Flr.
120 - 2nd Street S.
Kenora, Ontario P9N 1E9

Child Development Program
221 Main Street South
Kenora, Ontario

Thunder Bay

Child Development Program
c/o Confederation College,
P.O. Box 398
Thunder Bay, Ontario
P7C 4W1

Children's Aid Society
309 South Court Street
Thunder Bay, Ontario
P7C 4Y8

SOUTHEAST

Durham

Case Coordination Program
Ste. 206, Oshawa Executive Offices
Oshawa Shopping Centre
King & Stevenson
Oshawa, Ontario
L1J 2K5

Pre-school Behavioural Program
Department of Social Services
Regional Municipality of Durham
50 McMillan Drive
Oshawa, Ontario
L1G 3Z6

SOUTHWEST

Sarnia-Lambton

Sarnia-Lambton Centre
for Children & Youth
237 Ontario Street
Sarnia, Ontario
N7T 1L6

APPENDIX 4 - DAY NURSERIES STAFF INTERVIEWED

A. CONSULTATION/RESOURCE SERVICES

CENTRAL

Toronto

Mrs. Dorothy Chandler
West End Creche Child and Family Clinic

Peel

Ms. Mive Neville
West End Creche

NORTH

Kenora

Mrs. Whitney Allen
Infant Development Program

Mrs. Betsy Lindberg
Child Development Program

Thunder Bay

Ms. Cathy Pineau
Child Development Program

Mr. Larry Devereaux
Children's Aid Society

SOUTHEAST

Durham

Mrs. Joan Bryce
Case Coordination Program

Mr. Brian Britton
Pre-school Behavioural Program

SOUTHWEST

Sarnia-Lambton

Mr. David Wright
Sarnia-Lambton Centre for Children & Youth

B. REGULAR/NON FUNDED INTEGRATED PROGRAMS

REGULAR

CENTRAL

Toronto

Mrs. Heather May
Ryerson Infant Toddler Centre

Mrs. Mary Ann Smythe
Ryerson Early Learning Centre

NORTH

Kenora

Ms. Peggy Hampe
Dryden Day Care Centre

Ms. Adelle Shewchuk
Kenora Day Care Centre

Thunder Bay

Mrs. Irene Eby/Ms. Brenda Csabak
Algoma Day Care Centre

SOUTHEAST

Durham

Mrs. Roberta Rattray
Uxbridge Nursery School

Ms. Anne Arnold
Port Perry Day Care

SOUTHWEST

Sarnia-Lambton

Ms. Mary Soundy
Linden House Day Care Centre

NON FUNDED INTEGRATED PROGRAMS

CENTRAL

Toronto

Ms. Lois Better
Central Neighbourhood House

Mrs. Kim Fraser
Campus Community Co-op

Peel

Ms. Catherine Humphreys
Alpha Day Care Centre and Nursery School

NORTH

Ms. Lee Morley
Red Lake Day Care Centre

Mrs. Una Armstrong
Balmertown Day Care Centre

Thunder Bay

Mrs. Brenda Csabak
Grace Rhemus Day Care Centre

Durham

Ms. Joan Pilkington
Stonemoor Day Care

Mrs. Bridget Cross
Edna Thomson Day Care

SOUTHWEST

Ms. Shelly Stockall
Rainbowland Nursery & Day Care Centre

Mrs. Joyce Coultis
St. Bartholemew's Day Nursery

C. FUNDED INTEGRATED CENTRES

CENTRAL

Toronto

Ms. Sharon LeBlanc
Blake Street Day Care Centre

Mrs. Jenine Abel
Old Davenport Day Care

Ms. Karen Ramsey/Ms. Karen Oster
Play & Learn Nursery

Peel

Mrs. Kathy Schmidt
Malton Child Development Centre

NORTH

Thunder Bay

Mrs. Barbara Elliot
Child and Family Nursery School

SOUTHEAST

SOUTHWEST

Sarnia-Lambton

Mrs. Mabel Fortney
Lambton College ECE Centre

Ms. Heidi Smith
Happy Day Pre-school Education Centre

D. SEGREGATED DAY NURSERY PROGRAMS

CENTRAL

Toronto

Ms. Donna Linton
Woodgreen Special
Care Nursery

Peel

Ms. Audrey Pacitti
Bo Peep Nursery School

Ms. Joan Phillips
Credit Valley
Nursery School

SOUTHEAST

Durham

Ms. Merle Kaufmann
Maplewood Centre

Ms. Lynn Biscott
Emperor Street Day Care Centre

NORTH

Kenora

Ms. Karen Gentleman
Sunshine Nursery School

Thunder Bay

Mrs. Mary Rasmussen
George Jeffrey Children's
Treatment Centre

Mrs. Evelyn Bryant
W.J. Griffis
Developmental Centre

SOUTHWEST

Sarnia-Lambton

Ms. Sally Maynard
Sarnia & District Children's
Treatment Centre

APPENDIX 5

PROFILES

Malton Child Development Centre
3500 Morningstar Drive
Mississagua, Ontario
L4T 1Y2

Hespeler Pre-School Education Centre
26 Cooper Street
Cambridge, Ontario
N3C 2N2

Central Neighbourhood House
439 Ontario Street
Toronto, Ontario
M5S 1S5

Stonemoor Day Care Centre
R.R. #3
Uxbridge, Ontario
L0B 1K0

Sarnia Lambton Centre for Children and Youth
Pre-School Unit Day Nursery Program Consulting Service
237 Ontario Street
Sarnia, Ontario
N7T 1L6

The Gerrard Resource Centre
245 Gerrard Street East
Toronto, Ontario
M5A 2G1

Durham Case Coordination Program
Ste. 206, Oshawa Executive Office
Oshawa Shopping Centre
King & Stevenson
Oshawa, Ontario
L1J 2K5

Kenora Inland Development
South Entrance, 3rd Floor
120-2nd Street South
Kenora, Ontario
P9N 1E9

Note: If detailed information is required for any of the above programs please contact Ministry of Community and Social Services, Child Care Branch, 9th Floor, 700 Bay Street, Toronto, Ontario (Telephone: 965-3130).